



**Public Health**  
Prevent. Promote. Protect.

**PULASKI COUNTY HEALTH DEPARTMENT  
125 SOUTH RIVERSIDE DRIVE SUITE # 205  
WINAMAC, INDIANA 46996  
574-946-6080**

**APPLICATION FOR REGISTRATION FOR THOSE ENGAGED IN THE INSTALLATION,  
CONSTRUCTION, AND REPAIR OF ON-SITE SEPTIC SYSTEMS AND EQUIPMENT IN  
PULASKI COUNTY, STATE OF INDIANA. ALL CONTRACTORS MUST BE INSURED  
AND BONDED.**

**NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME OF EMPLOYEES:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

**EQUIPMENT: (TYPES, MAKES, MODELS, YEARS)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

**I, UNDERSIGNED, HEARBY SWEAR THAT, TO THE BEST OF MY KOWLEDGE, ABOVE INFORMATION IS TRUE AND CORRECT. I FUTHER UNDERSTAND AND AGREE TO ABIDE BY THE PULASKI COUNTY HEALTH DEPARTMENT ORDIANCE AS AMENDED AND ALL RULES AND REGULATIONS RELATING TO PRIVATE SEWAGE AS ESTABLISHED BY THE INDIANA STATE DEPARTMENT RULE 410-IAC 6-8.3**

**SIGNATURE: \_\_\_\_\_**

**REVIEWED BY: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**SIGNATURE OF HEALTH OFFICER OR REPRESENTATIVE:**

\_\_\_\_\_

**CONTRACTOR FEE: \$100.00**

**PAID BY: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MO \_\_\_\_\_**

**CREDIT/DEBIT CARD \_\_\_\_\_**