



# ST. JOSEPH COUNTY

## Department of Health Environmental Division

*"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all  
St. Joseph County residents"*

### CONTRACTOR REGISTRATION - SEPTIC

Valid January 31, 2021 through January 31, 2022

#### Business Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

(For Department of Health use only)

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Pager #: \_\_\_\_\_

#### Owner Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

(For Department of Health use only)

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Pager #: \_\_\_\_\_

#### Category of Registration: Please check one

Category 1 Gravity only – bond \$10,000       Category 2 Gravity plus all other system types – bond \$20,000

#### Surety Bond Information: (Payable to ST. JOSEPH COUNTY DEPARTMENT OF HEALTH)

Policy #: \_\_\_\_\_ Amount of bond: \$ \_\_\_\_\_

Insurance Carrier and Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

#### FOR OFFICE USE ONLY!

SERVICE REQ / CONTRACTOR ID#: \_\_\_\_\_ TRANSACTION #: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ SURETY BOND EXPIRES: \_\_\_\_\_

ISSUED BY (surety bond made payable to St. Joseph County Department of Health): \_\_\_\_\_