



# 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"*

### SEPTIC INSTALLER AND/OR INSPECTOR REGISTRATION

**Valid January 31, 2021 through January 31, 2022**

#### Category of Registration: Please check as applicable

☐ Category 1: Gravity Only      ☐ Category 2: Pump Assisted (includes gravity)      ☐ Category 3: Inspector

**Is this registration a renewal?** \_\_\_\_\_ **If yes, testing entity and date:** \_\_\_\_\_  
(Department of Health - year or IOWPA - year)

#### Installer/Inspector Information:

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

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

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

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

(For Department of Health use only)

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

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

#### Business Information:

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

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

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

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

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

(For Department of Health use ONLY)

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

**I certify that the above information is accurate and complete. Should any information change, I will submit a revised registration form.**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### For Office Use Only

SERVICE REQ / INSTALLER or INSPECTOR ID#: \_\_\_\_\_ TEST DATE/ENTITY: \_\_\_\_\_

TRANSACTION #: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

The person identified above is hereby granted a license to \_\_\_\_\_