



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

St. Joseph County Department of Health

“To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County.”

SEPTIC INSTALLER AND/OR INSPECTOR REGISTRATION

Valid until January 31st

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: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail: _____ Telephone #: _____
(For Department of Health use only)

Mobile #: _____ Fax #: _____

Business Information:

Business Name: _____

Owner Name: Last: _____ First: _____ Middle Initial: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business E-mail: _____ Telephone #: _____

Mobile #: _____ 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 _____