



**APPLICATION FOR A LICENSE  
TO INSTALL ONSITE WASTEWATER TREATMENT SYSTEMS**

New/Renewal \$35.00 – **MAKE CHECKS PAYABLE TO TRI-COUNTY HEALTH DEPT**

TCHD License Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Name of Owner: \_\_\_\_\_

Street Number: \_\_\_\_\_ Street Direction: \_\_\_\_\_

Street Name: \_\_\_\_\_ Street Type: \_\_\_\_\_

Unit Type: \_\_\_\_\_ Unit #: \_\_\_\_\_

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

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

**The applicant certifies that he/she is fully acquainted with the Tri-County Health Department Rules and Regulations Governing Onsite Wastewater Treatment Systems, and will construct all onsite wastewater treatment systems in compliance with the regulations and permits issued by the Health Department.**

*Name of Applicant (please print)* \_\_\_\_\_

*Date* \_\_\_\_\_ *Signature of Applicant* \_\_\_\_\_

\* \* \* \* \* **\*BELOW SPACE FOR TCHD OFFICE USE\*** \* \* \* \* \*

- Received Affidavit of Citizenship?       Yes       No       Not Applicable
- Received NAWT Installer Certification?       Yes       No
- Passed Part A Exam       Yes       No      \_\_\_\_\_  
Score
- License Issued       Yes       No

\_\_\_\_\_ Date      \_\_\_\_\_ Health Department Verification