



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

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

TCHD License Number: \_\_\_\_\_  
(If renewing a license)

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 clean and pump 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* \_\_\_\_\_

**IMPORTANT:** On the next page of this application, the applicant must list **AND** attach a copy of their contract, of all the sites utilized in the last year and upcoming year for disposing of pumpings. This application ***will not*** be processed without this information.

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

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Received Affidavit of Citizenship?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Received contract(s) with disposal site(s)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| Received NAWT O&M 1 Certification <b><i>or</i></b><br>NAWT Vacuum Truck Certification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| License Issued  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |

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

