



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

New/Renewal \$40.00 – **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 #: \_\_\_\_\_

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

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