



**APPLICATION FOR A LICENSE  
TO CLEAN ON-SITE WASTEWATER TREATMENT SYSTEMS**

New/Lapsed – or - Renewal \$35.00

**Renewals must be received before December 30, 2016**

Tri-County License Number: \_\_\_\_\_  
(If renewing a lapsed license)

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

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

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

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

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

Fax: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

**The applicant certifies that he/she understands the Tri-County Health Department Rules and Regulations Governing On-site Wastewater Treatment Systems, and will clean and pump all on-site 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.

**Please make checks payable to: TRI-COUNTY HEALTH DEPARTMENT**

\* \* \* \* \* BELOW SPACE FOR TRI-COUNTY OFFICE USE \* \* \* \* \*

Received Affidavit of Citizenship?  Yes  No  Copy of File  Not Applicable

Licensing Granted: \_\_\_\_\_  
Date

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

\_\_\_\_\_  
Approved by Health Officer

