



**Environmental Health Division**  
 705 N. Zeeb Road • Ann Arbor, MI 48103  
 Phone: (734) 222-3800 • Fax: (734) 222-3930  
 www.washtenaw.org/envhealth

## SEWAGE SYSTEM CERTIFIED OPERATION & MAINTENANCE PROVIDER (COMP) 2020 INITIAL APPLICATION

Application is hereby made for certification to provide operation and maintenance for on-site wastewater treatment systems in Washtenaw County. By this application, it is agreed that the applicant will comply with the provisions of the *Washtenaw County Regulation for the Management, Treatment and Disposal of Wastewater*. Application for certification renewal shall be made prior to the expiration date of the existing certification. Applicant must pass a written examination conducted by the Washtenaw County Environmental Health Division to become certified. To become certified, an applicant must have experience in designing, installing or maintaining large commercial sewage systems and/or those that include the installation of pretreatment units.

Please return the signed form and proper fee to the Washtenaw County Environmental Health Division. Submission of this form does not guarantee a certificate will be issued.

Applicant Last Name		First Name		Middle Initial
Applicant Street Address		City	State	Zip Code
Legal Business Name				
Business Street Address		City	State	Zip Code
Phone [       ]	Fax [       ]	Cell [       ]		
Email Address				

### MAINTENANCE PROVIDER EXPERIENCE

Do you currently provide system maintenance?  Yes  No  
 If **Yes**, which type(s) of system(s) and how many? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever submitted an operation and maintenance report to Washtenaw County?  Yes  No  
 If **Yes**, for how many systems? \_\_\_\_\_

Do you currently design or install large commercial on-site sewage systems or on-site sewage systems that include sewage pretreatment units?  Yes  No  
 If **Yes**, which type(s) of system(s) and how many? \_\_\_\_\_  
 \_\_\_\_\_

Are you currently an authorized maintenance provider for any proprietary systems?  Yes  No

If **Yes**, list type of system(s) and manufacturer name: \_\_\_\_\_

\_\_\_\_\_

Do you have telemetric capability?  Yes  No

If **Yes**, please describe system/software used: \_\_\_\_\_

\_\_\_\_\_

Please list any professional credentials you possess:

P.E.

R.S.

Other: \_\_\_\_\_

Other relevant experience or comments you wish to include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### FEES

\$136 Training Fee (Required for all applicants.)

\$60 Examination Fee (Required for all applicants; covers costs for administering exam and issuing certificates.)

\$119 Registration Fee (Required for all applicants; registration covers a 2 year period ending April 1<sup>st</sup>.)

**Total Fee Amount: \$ 315.00**

I certify that the information on this application is accurate and understand that submittal of any false or misleading information can result in the denial or revocation of my certification. I understand that as a certified operation and maintenance provider, I am responsible for the work that I perform and the work that is done under my supervision and certification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR DEPARTMENT USE ONLY

#### RECEIPT

Payment amount: \$ \_\_\_\_\_

Payment date: \_\_\_\_\_

Received by: \_\_\_\_\_