

SEWAGE SYSTEM CERTIFIED OPERATION & MAINTENANCE PROVIDER (COMP) 2021 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 1st.)

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: _____