

ONSITE SEWAGE SYSTEM INSTALLATION & REPAIR CERTIFICATION 2021 INITIAL APPLICATION

The *Washtenaw County Regulation for the Management, Treatment and Disposal of Wastewater* requires anyone who installs or repairs onsite wastewater sewage systems in Washtenaw County to be certified. To become certified, individuals must complete and submit this application with the appropriate fees and pass a written examination. Submitting this form does not guarantee certification.

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|--------------------------|-------------------|--------------------|-------|----------------|
| 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 | | | | |

CONTRACTOR EXPERIENCE

Number of years installing on-site septic systems: Full Time: _____ years Part Time: _____ years
 Number of on-site septic systems installed in Washtenaw County w/in last 5 years: _____

Do you supervise the work of employees installing/repairing sewage systems? Yes No

Please check all the equipment related to septic system installation you own/have access to:

- Backhoe Bulldozer Dump Truck Laser/Sight Level Stone Slinger
 Excavator Loader Trailer Other: _____

Other relevant experience or comments you wish to include: _____

FEES [please check all that apply]

- \$60 Examination Fee** [Required for all applicants.]
 \$119 Registration Fee [Required for all applicants.]
 \$81 Training Fee [Required for applicants with < 5 years on-site septic system installation experience. Highly recommended for all others.]

Total Fee Amount: \$ _____

RECEIPT

SIGNATURE

I certify that the information on this application is accurate. I 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 contractor, I am responsible for the work I perform, and the work done under my supervision and certification.

Signature: _____

Date: _____