



DEPARTMENT OF PUBLIC HEALTH ~ ENVIRONMENTAL HEALTH DIVISION

WASHTENAW COUNTY

705 N. Zeeb Rd., P.O. Box 8645 ~ Ann Arbor, MI 48107-8645

Phone: (734) 222-3800 ~ Fax: (734) 222-3960

www.eWashtenaw.org

APPLICATION FOR OWSDS (TIME OF SALE) PROGRAM
INSPECTOR CERTIFICATION

Form with fields for Certification Requested, Applicant Name, Legal Business Name, Applicant Street Address, City, State, Zip Code, Phone, Fax, Email, Business Street Address.

CERTIFICATIONS/REGISTRATIONS/LICENSES

Form with checkboxes for Registered Well-driller, Registered Sanitarian, Professional Engineer, Licensed Contractor and corresponding registration/license numbers.

EDUCATION

High School section with fields for Name of High School, City/State, Did you graduate?, If Yes, year graduated, If No, highest grade completed, Do you have a GED?, Year.

College section with fields for School Name, Year Graduated, Major/Minor, Highest Degree Earned (Associates, Bachelors, Masters, Ph.D.).

PROFESSIONAL ORGANIZATIONS/AFFILIATIONS

Form with four numbered lines for listing professional organizations or affiliations.

RELEVANT EMPLOYMENT HISTORY

Employer Name:		From:	To:
Street Address:	City:	State:	Zip Code:
Phone Number:			
Describe the nature of your work:			

Employer Name:		From:	To:
Street Address:	City:	State:	Zip Code:
Phone Number:			
Describe the nature of your work:			

REFERENCES

Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:

I affirm that all information contained in this application is true and I understand that any misrepresentation can lead to removal of certification by the Washtenaw County Environmental Health Division.

Signature

Date

FOR ADMINISTRATIVE USE ONLY

	<u>Well Points:</u>	<u>Septic Points:</u>
Credentials	_____	_____
Experience	_____	_____
Screening Test	_____	_____
Total:	_____	_____

Is technical training required for well certification? Yes No
 Is technical training required for septic certification? Yes No
 Completion dates for core training: Well: _____

Date Completed: _____
 Date Completed: _____
 Septic: _____