

GRANT COUNTY HEALTH DISTRICT
1038 W Ivy · Moses Lake, WA 98837 · (509) 766-7960

‘NEW’ ON-SITE INSTALLER/SEWAGE CERTIFICATE

NAME OF BUSINESS: _____

INDIVIDUAL CERTIFIED: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

CELL PHONE NUMBER: _____

****(Please indicate if you do not want cell phone number to be provided on Installer list that is given to the public/internet)****

FAX NUMBER: _____ EMAIL ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____

EXPIRATION DATE: _____

******BONDING REQUIREMENT: Attach a copy of your Washington State Department of Labor and Industry Contractors License.***

*****NEW APPLICANTS MUST TAKE AND PASS THE INSTALLER TEST*****

PLEASE CALL IN ADVANCE FOR A TIME 509-766-7960

_____ INSTALLER **EXAM** \$ 91.00 EA

_____ INSTALLER CERTIFICATION \$238.00 EA

Operating without a valid certificate or septic permit **DOUBLE NORMAL
CERTIFICATE/PERMIT FEE**

CERTIFICATES ARE NOT TRANSFERRABLE AND EXPIRE ON DECEMBER 31.

*** \$30.00 OF EACH REQUESTED REFUND OF A LICENSE FEE WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.**

Approval date _____ By _____ Receipt # _____ Date _____ Initial _____
Disapproval Date _____ By _____ Amt. Received _____ Date Permit Mailed _____ Permit # _____