

ON-SITE SEPTIC INSTALLER APPLICATION

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

PLEASE CALL IN ADVANCE TO SCHEDULE AN EXAM

NAME OF BUSINESS _____

INDIVIDUAL CERTIFIED _____

BUSINESS MAILING ADDRESS _____

BUSINESS PHONE NUMBER _____

CELL PHONE NUMBER _____

Please indicate if you do not want your cell phone number to be provided on the Installer list that is given to the public

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.**

_____ INSTALLER EXAM*

_____ INSTALLER CERTIFICATION*

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

CERTIFICATES ARE NOT TRANSFERRABLE AND EXPIRE ON DECEMBER 31

* Current fee schedule available at www.granthealth.org/fee-schedule or at the office. \$30.00 of each requested refund of a certificate fee will be retained by the Health District for administrative expenses.

Approved/Disapproved By _____ Date _____

Amt. Received _____ Receipt # _____ Date _____ Initial _____

Permit # _____ Date Permit Mailed _____

