



**2024 INSTALLER RENEWAL APPLICATION**  
**(To install onsite wastewater treatment systems)**

Date:

ACHD License #:

Applicant Name:

Company Name:

Company Mailing Address:

Phone:

Email:

Is above information still correct?

Yes  
 (if "Yes" sign and date)

No  
 (if "No" please update below)

Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**The applicant certifies that he/she understands the Adams-County Health Department On-Site Wastewater Treatment Systems Regulation O-22, and will clean all onsite wastewater treatment systems in compliance with the regulations issued by the Health Department.**

*Name of Applicant (please print):* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Signature of Applicant:* \_\_\_\_\_

\* \* \* \* \* **\*BELOW SPACE FOR ACHD OFFICE USE\*** \* \* \* \* \*

Passed Part A Exam  Yes  No

Received NAWT Installer Certificate  Yes  No

License issued for 2024  Yes  No

Date Received: \_\_\_\_\_ Health Department Verification: \_\_\_\_\_