

APPLICATION FOR A LICENSE TO INSTALL ONSITE WASTEWATER TREATMENT SYSTEMS

New/Renewal \$35.00 – MAKE CHECKS PAYABLE TO ADAMS COUNTY HEALTH DEPT.

ACHD License Number:		(If renewing a license)			
Name of Applicant:					
Company Name:					
Name of Owner:					
Street Number:		Street Direction:			
Street Name:		Street Type:			
Unit Type:	Unit #:				
City State	7:.		Phone:		
City State	z Zi _l)			
Email Address:					
The applicant certifies th Wastewater Treatment Sy systems in compliance with	stems Regulatio	n O-22, and w	ill clean all onsi	te wastewater treatment	
Name of Applicant (pleas	se print)				
Date	Signature o	f Applicant			
* * * * * * * * *	* * *BELOW SP	ACE FOR ACHD	OFFICE USE* * *	* * * * * * * *	
Received NAWT Installer C	Certification?	□ Yes	□ No		
Passed Part A Exam		□ Yes	□ No	Score	
License Issued		□ Yes	□ No	20012	
	Date		Health Denar	tment Verification	

Adams County Health Department services are provided without regard to race, color, sex, age, religion, national origin or disability.