



**ADAMS COUNTY
HEALTH DEPARTMENT**

— Your Health. Our Mission. —

**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 Zip Phone: _____

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*** * * * * *

Received NAWT Installer Certification? Yes No

Passed Part A Exam Yes No _____
Score

License Issued Yes No

Date

Health Department Verification

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

ACHD S-135 (revised 011/24)