



ADAMS COUNTY
HEALTH DEPARTMENT

Your Health. Our Mission.

**APPLICATION FOR A LICENSE
TO CLEAN 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* _____

IMPORTANT: On the next page of this application, the applicant must list **AND** attach a copy of their contract, of all the sites utilized in the last year and upcoming year for disposing of pumpings. This application **will not** be processed without this information.

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

Received contract(s) with disposal site(s)? Yes No

Received NAWT O&M 1 Certification **or** Yes No
NAWT Vacuum Truck Certification

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.

LIST OR ATTACH A COPY OF THE CONTRACT OF ALL SITES USED IN THE LAST YEAR AND TO BE USED THIS YEAR FOR DISPOSING OF PUMPINGS:
