



**APPLICATION FOR A LICENSE
TO INSTALL ONSITE WASTEWATER TREATMENT SYSTEMS**

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

ACHD License Number: _____

Technician Name: _____

Company Name: _____

Owner Name: _____

Company Address: _____

City, State & Zip Code: _____

Company Phone Number: _____

Company Email Address: _____

The applicant certifies that he/she understands the Adams-County Health Department On-Site Wastewater Treatment Systems Regulation O-26 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.