

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

## New/Renewal \$35.00 – MAKE CHECKS PAYABLE TO DOUGLAS COUNTY HEALTH DEPT

DCHD Licens	se Number:		(If ı						
Name of Ap	plicant:								
Company Na	ame:								
Name of Ow	vner:								
Street Number:			Street Direction:						
Street Name	2:		_ Street Type:						
Unit Type:		Unit #:							
				Phone:					
City	State	Zip							
Email Addre	ess:								

The applicant certifies that he/she is fully acquainted with the Douglas County Health Department Rules and Regulations Governing Onsite Wastewater Treatment Systems, and will construct all onsite wastewater treatment systems in compliance with the regulations and permits issued by the Health Department.

Date Sign	Signature of Applicant									-	
* * * * * * * * * *	*BELOW SPA	CE FOR DCHD	OFFICE USE*	*	* *	*	*	* *	*	*	*
Received NAWT Installer Certification	on?	□ Yes		No							
Passed Part A Exam		□ Yes		No		_					Score
License Issued		🗆 Yes		No							