



**CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH**  
**190 East Michigan Avenue, Battle Creek, MI 49014**  
**Tel: 269-969-6341 Fax: 269-969-6490**  
**APPLICATION FOR SEWAGE SYSTEM INSTALLERS REGISTRATION**

***IMPORTANT NOTE: Fill out completely and attach requested information or form may be returned***

Name of Business \_\_\_\_\_

*Is this a new business name?* Yes  No

Business Phone \_\_\_\_\_ Cell Phone (include area code) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

*Is this a new mailing address?* Yes  No

Owner's Name \_\_\_\_\_ Phone (include area code): \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Location: County \_\_\_\_\_ Township \_\_\_\_\_

Driver's License No \_\_\_\_\_

Experience and/or Training \_\_\_\_\_

Counties Served \_\_\_\_\_

Licensed Septic Tank Cleaner Yes  No  If Yes, License #: \_\_\_\_\_

County of Septage License \_\_\_\_\_

Licensed Plumber Yes  No  If Yes, License #: \_\_\_\_\_

Email address \_\_\_\_\_

The above information is submitted in accordance with the provision of Chapter III, Section VI Business of Building Sewage Disposal Systems "Registration Required" of Calhoun County, State of Michigan, in effect January 2, 1975.

The undersigned being duly sworn, deposes and says (or affirms) that the statements herein contained are true and correct. I have read the rules and requirements and will abide by the stipulations and design of the code and sewer permits. The registration is submitted herewith. **Registration fee is \$80, due January 1<sup>st</sup>, 2019.** Make checks or money orders payable to: CCPHD. Credit cards accepted with faxed application – phone us at 269-969-6341 with your credit card payment.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Approving Sanitarian Date

|                       |             |                    |             |             |               |               |
|-----------------------|-------------|--------------------|-------------|-------------|---------------|---------------|
| <b>For CCPHD use:</b> | <b>Ck #</b> | <b>Credit card</b> | <b>Cash</b> | <b>List</b> | <b>Labels</b> | <b>Swords</b> |
|-----------------------|-------------|--------------------|-------------|-------------|---------------|---------------|