

**GRANT COUNTY HEALTH DISTRICT
PO BOX 37, EPHRATA WA 98823 (509) 754-6060**

‘NEW’ ON-SITE INSTALLER/SEWAGE CERTIFICATE

NAME OF BUSINESS: _____

INDIVIDUAL CERTIFIED: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

CELL PHONE NUMBER: _____

*** (Please indicate if you do not want cell phone number to be provided on Installer list that is given to the public/internet) ***

FAX NUMBER: _____ EMAIL ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____

EXPIRATION DATE: _____

*****BONDING REQUIREMENT: Attach a copy of your Washington State Department of Labor and Industry Contractors License.**

*****NEW APPLICANTS MUST TAKE AND PASS THE INSTALLER TEST***
PLEASE CALL IN ADVANCE FOR A TIME 509-754-6060**

_____ INSTALLER EXAM \$ 90.00 EA

_____ INSTALLER CERTIFICATION \$215.00 EA

Operating without a valid certificate or septic permit **DOUBLE NORMAL
CERTIFICATE/PERMIT FEE**

CERTIFICATES ARE NOT TRANSFERRABLE AND EXPIRE ON DECEMBER 31.

*** \$30.00 OF EACH REQUESTED REFUND OF A LICENSE FEE WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.**

Approval date _____ By _____ Receipt # _____ Date _____
Disapproval Date _____ By _____ Check # _____ Initial _____ Amt. Received _____
Date Permit Mailed _____