

**Lawrence County Health Department
2419 Mitchell Road
Bedford, IN 47421
812-275-3234**

Septic Installer Exam/License Application

Installer's Name: _____

Address: _____

Business Name: _____

Bus. Address (if different from above): _____

Phone # (business): _____ (Cellular) _____

Fax #: _____ E-mail: _____

Do you hold a Septic Installer License in any other county? Yes _____ No _____ if yes, please list the counties. _____

Do you currently hold an IOWPA Certification? yes _____ no _____ if yes, we need a copy

I have read and understood the state and local ordinances concerning onsite sewage systems. I certify that any and all information provided herein and any attachments are true and correct. I understand that it is a felony to misrepresent or falsify any portion of this application or attached documents.

X _____
Signature of person applying for Lawrence County Installer's License

X _____ **Date** _____
Printed name of person applying to become licensed

Below for Office Use Only:

TEST SCORE-- GRAVITY: _____% FLOOD DOSE _____% MOUND _____%

CERTIFICATE OF LIABILITY: _____ EXP. _____ SURETY BOND: _____ EXP. _____

CHECK # _____ CASH _____ MONEY ORDER _____ RCPT# _____