



Environmental Health Division
 705 N. Zeeb Road • Ann Arbor, MI 48103
 Phone: (734) 222-3800 • Fax: (734) 222-3930
www.washtenaw.org/envhealth

ONSITE SEWAGE SYSTEM INSTALLATION & REPAIR CERTIFICATION 2023 INITIAL APPLICATION

The *Washtenaw County Regulation for the Management, Treatment and Disposal of Wastewater* requires anyone who installs or repairs onsite wastewater sewage systems in Washtenaw County to be certified. To become certified, individuals must complete and submit this application with the appropriate fees, take the training class, and pass a written examination. Submitting this form does not guarantee certification.

Applicant Last Name		First Name		Middle Initial
Applicant Home Street Address		City	State	Zip Code
Legal Business Name				
Business Street Address		City	State	Zip Code
Business Phone []	Fax []	Cell []		
Email Address				

Do you want your information (name, business, phone, and address) listed on our website? Yes No

CONTRACTOR EXPERIENCE

Number of years installing on-site septic systems: Full Time: _____ years Part Time: _____ years
 Number of on-site septic systems installed in Washtenaw County w/in last 5 years: _____

Do you supervise the work of employees installing/repairing sewage systems? Yes No

Please check all the equipment related to septic system installation you own/have access to:

- Backhoe Bulldozer Dump Truck Laser/Sight Level Stone Slinger
 Excavator Loader Trailer Other: _____

Other relevant experience or comments you wish to include: _____

FEES [please check all that apply]

RECEIPT

- \$146 Training & Examination Fee** [Required for all applicants.]
 \$123 Certification Registration Fee [Required for all applicants.]

Total Fee Amount: \$ _____

Make check or money order payable to W.C.E.H.

SIGNATURE

I certify that the information on this application is accurate. I understand that submitting any false or misleading information can result in the denial or revocation of my certification. I understand that as a certified contractor, I am responsible for the work I perform, and the work done under my supervision and certification.

Signature: _____

Date: _____