



# Public Health Idaho North Central District



**Nez Perce County**  
215 10<sup>th</sup> Street  
Lewiston, ID 83501  
(208) 799-3100  
Fax (208) 799-0349

**Latah County**  
333 E Palouse River Drive  
Moscow, ID 83843  
(208) 882-7506  
Fax (208) 882-3494

**Clearwater County**  
105 115<sup>th</sup> Street  
Orofino, ID 83544  
(208) 476-7850  
Fax (208) 476-7494

**Idaho County**  
903 West Main  
Grangeville, ID 83530  
(208) 983-2842  
Fax (208) 983-2845

**Lewis County**  
132 N Hill Street  
P O Box 277  
Kamiah, ID 83536  
(208) 935-2124  
Fax (208) 935-0223

## Sewage Installer Registration Application

Business name \_\_\_\_\_ Business phone # \_\_\_\_\_

Mailing address \_\_\_\_\_  
(P. O. Box/Street) (City) (State) (Zip)

Name of owner \_\_\_\_\_ Home phone # \_\_\_\_\_

Owner's mailing address \_\_\_\_\_

Name of operator/manager \_\_\_\_\_ Home phone # \_\_\_\_\_

Check one: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole proprietor \_\_\_\_\_

Partners (if any) \_\_\_\_\_

*I hereby make application to be a (check one or both):*

Standard/Basic System Installer \_\_\_\_\_ Complex Alternative Installer \_\_\_\_\_

I understand the permit is not transferable as to persons, and is based upon compliance with the Idaho Rules For Individual and Subsurface Sewage Disposal Systems, and this permit may be suspended for violation of these rules.

Owner/agent's signature \_\_\_\_\_ Date \_\_\_\_\_

*Included with this application must be a copy of the surety bond in a form approved by the NCDHD as required under section 01.03006.05 of the regulations.*

### - FOR OFFICE USE ONLY -

	Fee Paid	Bond Submitted	Test Passed	Training Course Attended
Standard/Basic:	\$50 _____	\$5,000 _____	Date: _____	Date: _____
Complex:	\$100 _____	\$15,000 _____	Date: _____	Date: _____

*I hereby approve this application for an Installer's Registration Permit.*

Standard/Basic Installer: Yes \_\_\_ No \_\_\_ Complex Installer: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
(Environmental Health Specialist)

\_\_\_\_\_  
(Date)

Comments: \_\_\_\_\_

Permit # \_\_\_\_\_ Fee Receipt # \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_