

APPLICATION FOR SEWAGE DISPOSAL SYSTEM INSTALLER CERTIFICATE

1. **Name of Business:** _____
2. **Owner of Business:** _____
3. **Business Manager:** _____
4. **Address of Business:** _____
5. **Business Phone Number:** _____
6. **Business Fax Number:** _____
7. **Email Address:** _____
8. **Labor & Industries Registration #:** _____

I hereby certify the above information to be true and accurate.

Signature of Applicant

Date

Certificate Fee: New: \$200.00 Renewal: \$150.00 Annual (January 1 –December 31)

PAYMENT OPTIONS

In person using credit card or check at 112 N. 2nd St; Dayton, WA. 99328

Please make checks payable to Columbia County Public Health,

Over the phone at 509-382-2181 or

Online at http://agent.pointandpay.net/pointandpay_counter/

COLUMBIA COUNTY PUBLIC HEALTH USE ONLY:

Date_____ Amount_____ PMT Type – Credit Card_____ Check #_____Cash_____

Receipt #_____Initials_____