

Miami County Health Department

Environmental Division

25 Court Street, Suite 211

Peru, IN. 46970

Phone: (765)473-0283 FAX: (765) 473-0285

APPLICATION FOR INSTALLER CERTIFICATION

Application is hereby made for certification to install on-site septic systems in Miami County. By this application, it is agreed that the installer will comply with the provision of the Indiana State Department of Health Rule 410 IAC 6-8.2 and Miami County Septic Ordinance AMENDED ORDINANCE 02-25-08 or any subsequent regulations. **It is further agreed that the installer shall have \$100,000 liability insurance or an amount sufficient to indemnify persons for whom faulty work may be performed.**

Application for certification renewal shall be made prior to the expiration date of the existing certification. Applicant must pass a written examination conducted by Miami County Health Department or show proof of passing IOWPA test to be certified. The certificate must be in the installer's possession while installing on-site septic systems.

THIS CERTIFICATE IS NON-TRANSFERABLE

Any change of ownership or operator requires a new certification. All permits expire December 31st of each year.

You must fill out this form completely and accurately. Return the original form and the proper fee (\$25.00 for each installer) to Miami County Health Department. Submitting does not guarantee a certificate will be issued.

Any changes in this information shall be reported to the health department.

Name of Company: _____

The name commonly used or known as, or the doing business as name.

Company mailing address: _____ **City, State, zip:** _____

The legal mailing address of the business by which the installer may be reached.

Business Operators Name: _____

The person or corporation which owns the business.

Telephone#: _____ **Cell#:** _____ **Email/FAX:** _____

****required (will no longer mail reminders)***

Check all applicable. I am certified to install: Gravity Dosed Mound Presby Geoflow Other _____

Signature: _____

(The person who fills out application needs to sign it, plus title)

Title: _____

Print Name: _____

Date: _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICAL USE ONLY

Date Issued: _____

Receipt Number: _____

Payment received: \$ _____

Certification expires December 31 of year issued.

Rafik Farag, M.D.
Health Officer

<http://www.miamicountyin.gov/departments/health>