

JEFFERSON COUNTY HEALTH DEPARTMENT

715 Green Road
Madison, IN 47250
Phone (812) 273-1942
Fax (812) 273-1955

2012 APPLICATION FOR CERTIFIED SEPTIC INSTALLERS CERTIFICATE

COMPANY NAME/DBA: _____
STREET ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____ FAX: _____
OWNER(S): _____

CONTRACTORS MAILING ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____

***REQUIRED *AFTER HOURS EMERGENCY CONTACT INFORMATION**

(Address and phone must be different from above listed information)

OWNERS NAME(s): _____ PHONE: _____
MAILING ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____

NAME OF CERTIFIED SEPTIC INSTALLER: _____

CHECK ALL CERTIFICATIONS THAT APPLY:

TYPE OF CERIFICATIONS: _____ Standard systems: (This covers subsurface gravity flow and flood dosing systems as described in 410 IAC 6-8.2-69,73)

_____ Mound systems (This covers above grade sand mound systems as described in 410 IAC6-8.2-71)

_____ Subsurface pressure distribution systems: (This covers systems described in 410 IAC 6-8.2-75)

_____ Other ISDH / Jefferson County Health Department approved Septic systems as described in 410 IAC 6-8.2-____ Type _____

FOR OFFICE USE ONLY:

Certificate # _____ Check# _____ Date Issued _____ Receipt# _____

CIRTIFICATE OF LIABILITY INSURANCE:

All certified contractors or new applicants shall provide the Jefferson County Health Department with a in force CERTIFICATE OF LIABILITY INSURANCE with a minimum of \$100,000.00 per occurrence as required in Jefferson County Ordinance 2011-5-6-(I) **Failure to provide or maintain coverage will result in suspension of license and removal from the Certified Contractors list until a new in force certificate has been received and reviewed by the Jefferson County Health Department.**

REMINDER

CERTIFIED CONTRACTOR / NEW APPLICANT CERTIFICATE EXPIRES DECEMBER 31ST OF EACH YEAR. YOUR CERTIFICATE MUST BE RENEWED BEFORE JANUARY 1ST OF THE FOLLOWING YEAR. **A ONE HUNDRED DOLLAR (\$100.00) FEE MUST BE PAID PRIOR TO CETIFICATE BEING ISSUED.** THIS CERTIFICATE IS NOT TRANSFERABLE TO ANOTHER PERSON. PLEASE SUBMIT THIS APPLICATION WITH A CHECK, CASH OR MONEY ORDER PAYABLE TO THE: JEFFERSON COUNTY HEALTH DEPARTMENT. A FINE NOT TO EXCEED \$2,500.00 PER DAY MAY ACCUMULATE IF YOUR CERTIFICATE HAS NOT BEEN RENEWED BEFORE JANUARY 1ST.

I attest to the accuracy of the information provided in this application. I will comply with this ordinance and allow the Jefferson County Health Department access to all records or information pertinent to the inspection as specified in 410 IAC 6-8.2, 410 IAC 6-10 and Jefferson County Ordinance 2011-5

Jefferson County Ordinance, 2011-5-3,(H) requires the issuance of certificate to any certified contractor or new applicant prior to engaging in the installation, upgrade or repair of any septic system in Jefferson County. NOTE: Any certified contractor or new applicant found to be in violation of Jefferson County Ordinance may face penalties up to \$2500.00 per day as described in 2011-5-7(A)

I certify that the above information is accurate.

DATE OF APPLICATION:_____ AMOUNT ENCLOSED:_____

SIGNATURE OF CERTIFIED CONTRACTOR:_____