Union County Environmental Health

Contractor Registration Form

REGISTRATION FOR ON-SITE WASTEWATER INSTALLERS OR CONTRACTORS

Company Name: _____ Owners Name: _____
Cell Phone: _____ Business Phone: _____
Address: _____
Email: _____ Website: _____
Please list all employees: _____

INSURANCE: YES ____ NO _____ **REQUIRED (Annually)**
(If yes, **please attach "Certificate of Insurance**". If no, provide "Certificate of Insurance". Your name will not listed as a registered contractor until proof of insurance is met.)

SCHOOLS OR WORKSHOPS: **REQUIRED 6 CEU's (Annually)**
Have you attended any schools or workshops in on-site wastewater systems? YES ____NO ____
(If yes, **please attach "Certificate of Training**". If no, provide "Certificate of Training". Your name will not listed as a registered contractor until proof of training is met.)

OR

Are you a Certified Installer of Onsite Wastewater Treatment Systems (CIOWTS) credential installer? YES ____NO ____ ID#_____ Expiration Date:_____

Type of Systems we have installed: (Please Circle)
Septic Tanks
Laterals-Gravel Trenches
Laterals Chambers
Mound Systems
Sand Filters
Peat Filter
ATU
Textile Filters
Pump Systems
At Grade System
Wetlands

ARE YOU A SERVICE PROVIDER?

YES _____ NO _____
PLEASE IDENTIFY WHICH SYSTEMS.**

Peat
Textile
Pump
ATU
Other:_____

****Must Provide Company Certification**

This acknowledges knowledge of Iowa Administrative Code Section 567, Chapter 69 "On-Site Wastewater Treatment and Disposal System" and local policies for Union County Environmental Health. I will read and understand these documents and will adhere to the guidelines set forth by the County Administrative Authority and Iowa Department of Natural Resources. I further agree to participate in required meetings and training to be registered as installer of on-site wastewater systems and continuing education courses to maintain registration for installing on-site wastewater systems. I understand that contractors that install systems that violate Chapter 69 will be suspended from the Union County Contractor List (Will not install systems in Union County) for the following time: First offence: 6 months; Second offence: 1 year; Third offence: 5 years

DATE: _____ **BY:** _____

705 East Taylor Street Ste.#2 Creston IA 50801
Fax: (641)-782-2167 ** Email: unioncountyeh@gmail.com **** Phone: (641)-782-7803**