



# Union County Environmental Health

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## Union County Septic Contractor Registration Form

Company Name: \_\_\_\_\_ Owners Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Please list 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.)

**Continuing Education: REQUIRED 6 CEU's (Annually)**  
Have you attended any training classes in Private Sewage Disposal 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: \_\_\_\_\_

**Types of Systems we have installed: (Please Circle)**  
Septic Tanks  
Laterals-Gravel Trenches  
Laterals Chambers  
Mound Systems  
Sand Filters  
Coco Filter  
ATU  
Textile Filters  
Pump Systems  
At Grade System  
Other PTS: \_\_\_\_\_

**ARE YOU A SERVICE PROVIDER?**  
YES \_\_\_\_\_ NO \_\_\_\_\_  
**PLEASE IDENTIFY WHICH SYSTEMS.\*\***

Coco: (company) \_\_\_\_\_  
Textile: (company) \_\_\_\_\_  
ATU: (company) \_\_\_\_\_  
Other PTS: \_\_\_\_\_

**\*\*Must Provide Company Certification**

This acknowledges knowledge of Iowa Administrative Code Section 567, Chapter 69 "Private Sewage Disposal Systems" and local ordinances & 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 continuing education courses to be registered as installer of private sewage disposal systems and provide copy of certificate of Insurance to maintain registration for installing Private Sewage Disposal Systems. I understand that contractors that install or provide work to 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:** \_\_\_\_\_