

**STONE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL SERVICES  
109 E. 4<sup>th</sup> St., Galena, MO. 65656  
417/357-8200 FAX 417/357-6031**

.....  
**SEPTIC INSPECTOR / EVALUATOR  
REGISTRATION FORM  
2016-2018**

**NAME** \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

**ADDRESS: STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**STATE LICENSE # :** \_\_\_\_\_

**Please make your check (\$100.00) payable to Stone County Health Department**

Services provided on a non-discriminatory basis

**FOR OFFICE USE ONLY:**

**Ck#**

**Date Received:**

**Registration #**

**Card Mailed/Picked Up:**

**Entered in computer:**

**AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

Services provided on a nondiscriminatory basis