

STONE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES
417/357-8200 FAX 417/357-6031

SEPTIC INSTALLER RENEWAL NOTICE 2016-2018
REGISTRATION FORM

NAME _____

COMPANY NAME _____

ADDRESS: STREET _____

CITY _____

STATE _____

ZIP CODE _____

Contact Phone: _____

EMAIL ADDRESS: _____

PLEASE CHECK IF YOU WANT YOUR CONTACT INFORMATION TO BE LISTED ON OUR WEBSITE:

Yes _____ No _____

Do you Install Advanced Treatment Systems? Check all that apply:

Peat Moss Systems Yes _____ No _____

Aeration Systems Yes _____ No _____

Open Cell Foam Yes _____ No _____

Wet Lands Yes _____ No _____

Sand/Gravel Filter Yes _____ No _____

Fabric Yes _____ No _____

*Missouri State Registration License #: _____

(*you *must* have a valid Missouri Installer registration number to register with Stone County Health Department/Environmental Services)

Will you do repairs and rehab on an existing system Yes _____ No _____

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

FOR OFFICE USE ONLY:

SCHD Reg. #

Date Received: Ck #:

Card Mailed/Picked Up:

Entered in computer:

Services provided on a non-discriminatory basis