



Public Health
Prevent. Promote. Protect.
Stone County Health Department
Making Lives Better

Stone County Health Department

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STONE COUNTY HEALTH DEPARTMENT ENVIRONMENTAL SERVICES

SEPTIC INSTALLER REGISTRATION FORM 2026-2028

NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

PHONE _____

EMAIL ADDRESS _____

STATE LICENSE # _____ EXP. DATE _____

___ Please check here if you have an advanced installer certification

___ Please check here if you want your information posted on our website

****PLEASE PROVIDE YOUR CURRENT STATE LICENSE NUMBER AND EXPIRATION DATE****

(www.stonecountyhealthdepartment.com).

OFFICE USE ONLY:

DATE RECEIVED: _____

AMOUNT RECEIVED: _____ CK# _____ CREDIT CARD#