



Fergus County Health Department
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**FERGUS COUNTY ENVIRONMENTAL HEALTH
SUBSURFACE WASTEWATER TREATMENT SYSTEM
CERTIFIED SITE EVALUATOR APPLICATION**

NAME: _____ DATE: _____

COMPANY NAME: _____

BUSINESS PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

BUSINESS ADDRESS

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

YEARS OF EXPERIENCE: _____

ANY CURRENT OR PAST LICENSES?

_____ YES – LICENSE #: _____ LICENSE YEAR: _____

LICENSING DISTRICT NAME: _____

CITY: _____ STATE: _____

LICENSE #: _____ LICENSE YEAR: _____

LICENSING DISTRICT NAME: _____

CITY: _____ STATE: _____

_____ NO

FOR OFFICE USE ONLY:

APPLICATION RECEIVED BY: _____; DATE: _____

\$50 CERTIFIED INSTALLERS APPLICATION FEE PAID? _____ YES, CHECK # _____ OR _____ NO

TEST DATE: _____ SCORE: _____ PASSED? _____ YES _____ NO

LICENSE #: _____