BERRIEN COUNTY HEALTH DEPARTMENT
better health. stronger communities.

Rec'd by:_____
Date:_____
Receipt #:_____Amt. $_____

Registration Fee is **$115.00**

BERRIEN COUNTY HEALTH DEPARTMENT

P.O. BOX 706
Benton Harbor, Michigan 49023
Phone: 269-927-5623

REGISTRATION FOR ON-SITE SEWAGE SYSTEM INSTALLER

Name of Business:_____

Address:_____

City/State/Zip:_____Phone/Email:_____

Name of Owner:_____

Address:_____

City/State/Zip:_____Phone/Email: _____

Location: County:_____Township:_____

Area Served: (Counties)_____

Training and/or Experience:_____

LICENSED CONTRACTOR? YES ☐ NO ☐

If yes, State:_____State License No.:_____

LICENSED SEPTAGE HAULER? YES ☐ NO ☐

If yes, State:_____State License No.:_____

LICENSED PLUMBER? YES ☐ NO ☐

If yes, State: _____State License No.:_____

The above information is submitted in accordance with the provisions of Section VIII, of the "Berrien County Sewage Disposal Regulation", State of Michigan.

The undersigned being duly sworn, deposes and says (or affirms) that the statements herein contained are true and accurate.

_____ _____
Date Owner's Signature