



ST. JOSEPH COUNTY

Department of Health Environmental Division

*"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all
St. Joseph County residents"*

Septic Contractor/Installer/Inspector Registration Requirements

To install septic systems or perform septic inspections in St. Joseph County, Indiana, you must fulfill the registration requirements specified in County Code 51 as follows:

Contractor Registration – This is for the registration of a business wishing to install septic systems. This is an annual requirement renewable by January 31st.

Submit:

- ❖ A Contractor Registration Application completed in its entirety with the registration fee in the amount of three hundred seventy-five dollars (**\$375**).
- ❖ A surety bond based on the category you are registering for, made payable to the **St. Joseph County Department of Health** with an expiration date of January 31st.
 - Category 1 - \$10,000 – Gravity Systems ONLY
 - Category 2 - \$20,000 – Pump Assisted (includes gravity)
- ❖ Installer License Application/s completed in their entirety with the one hundred fifty (**\$150**) dollars non-refundable licensing fee for each eligible installer you want to license in your company. A Licensed Installer must be onsite at all times during septic installation.

Installer and/or Inspector Registration - This is for licensing an individual to install and/or inspect septic systems.

Requirements:

- ❖ Submit an installer registration application and the one hundred fifty (**\$150**) dollars non-refundable licensing fee.
- ❖ For Inspector ONLY, submit an application and a (**\$250**) dollars non-refundable licensing fee.
- ❖ Must take and pass an open book test administered by the Department of Health or be IOWPA certified for the appropriate category (submit verification with application).
 - Category 1 – Gravity systems ONLY
 - Category 2 – Pump assisted (also includes gravity and septic inspection)
 - Category 3 – Septic Inspection only
- ❖ Testing certification is good for three (3) years.

Once the above information is submitted in its entirety, a Contractor Registration Certificate and/or appropriate license/s will be issued, and the contractor or inspector may begin work in St. Joseph County, Indiana. All registrations expire on January 31st regardless of the date of registration. There is no pro-rating for registrations submitted throughout the year.

You may apply in our office or by mail. Our office accepts cash, business check, money order, or cashiers check (made payable to the St. Joseph County Department of Health). **We DO NOT accept personal checks.** Please include a **self-addressed stamped envelope along with the fee (no cash please) and application to register by mail.** Please allow five (5) business days for processing. Our office accepts payments from 8:00 a.m. to 4:00 p.m., Monday through Friday.

If you have any questions, please feel free to call (574) 235-9721 between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.



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SEPTIC INSTALLER AND/OR INSPECTOR REGISTRATION

Category of Registration: Please check as applicable

Category 1: Gravity Only Category 2: Pump Assisted (includes gravity) Category 3: Inspector

Is this registration a renewal? _____ **If yes, testing entity and date:** _____
(Department of Health - year or IOWPA - year)

Installer/Inspector Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____

(For Department of Health use only)

Telephone #: _____ Fax #: _____

Mobile #: _____ Pager #: _____

Business Information:

Business Name: _____

Owner Name: Last: _____ First: _____ Middle: _____

Business Address: _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____

(For Department of Health use ONLY)

Telephone #: _____ Fax #: _____

I certify that the above information is accurate and complete. Should any information change, I will submit a revised registration form.

Signed _____ **Date:** _____

For Office Use Only

SERVICE REQ / INSTALLER or INSPECTOR ID#: _____ TEST DATE/ENTITY: _____

TRANSACTION #: _____ DATE: _____ INITIALS: _____

The person identified above is hereby granted a license to _____