



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"*

REQUEST FOR WAIVER OF SEPTIC INSTALLER/INSPECTOR LOCAL TESTING REQUIREMENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I affirm that have attended the IOWPA training and passed the exam for the following IOWPA exam category/s:

- Test A "General" Gravity** On this date: _____
- Test B Flood Dose** On this date: _____
- Test C Sand Mounds** On this date: _____
- Inspector Test** On this date: _____

I am in possession of the St. Joseph County Ordinance, County Code 51, have read and understand it and am responsible for adhering to the items included therein.

Based upon this information, I request to be granted a waiver from sitting for the local exam.

Signed: _____ Date: _____

For Office Use Only:

Name listed on IOWPA website: Yes or No

Qualifies for Waiver for the following Category/s:

- Category 1 Expiration date: _____
- Category 2 Expiration date: _____
- Category 3 Expiration date: _____

Waiver granted: _____ Date: _____

Please send all electronic correspondence for the Environmental Health Unit to envirohd@sjcindiana.com