



**LIVINGSTON COUNTY HEALTH DEPARTMENT**

Environmental Health Division  
2300 East Grand River Avenue, Suite 102, Howell, Michigan 48843-7578

[www.lchd.org](http://www.lchd.org)

**PERSONAL / PREVENTIVE HEALTH SERVICES**

P: 517-546-9850  
F: 517-546-6995

**ENVIRONMENTAL HEALTH SERVICES**

P: 517-546-9858  
F: 517-546-9853

**APPLICATION FOR SEWAGE DISPOSAL SYSTEM CONTRACTORS LICENSE**

**I. NAME OF BUSINESS** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**II. Name of Installer** \_\_\_\_\_

Street Address \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**III. Business Ph:** \_\_\_\_\_ **Cell Ph:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**IV. Type of Application:**    New       Renewal       **V. License #** \_\_\_\_\_

**VI. Installer certifies that he is familiar and experienced in the following type of installations and/or repair and servicing of onsite sewage disposal systems:**

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| _____ Commercial Installations        | _____ Dry Well Placement           |
| _____ Residential Installations       | _____ Deep Cut Excavation Systems  |
| _____ Drainfield Trench Installations | _____ Elevated Systems             |
| _____ Drainfield Bed Installations    | _____ Pump and Siphon Systems      |
| _____ Gravel-less Systems             | _____ Engineered Certified Systems |
| _____ Pressure Distribution Systems   |                                    |

**VII. Indicate if your firm pumps and services septic tanks:**                      Yes                         No  

**VIII. It is agreed that work to be done will be in accordance with the requirements of the Livingston County Sewage Disposal System contractors Licensing Regulations.**

**IX. I, the undersigned, swear and affirm that the statements contained herein are true and correct and further that I have received a copy of the Livingston County Sanitary Code and have read and understand the provisions pertaining to construction and installation of onsite disposal systems.**

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
Date

**APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE**

Annual fee of \$ \_\_\_\_\_ payable to Livingston County was paid on \_\_\_\_\_ Receipt # \_\_\_\_\_  
License for calendar year \_\_\_\_\_ Signature \_\_\_\_\_