

Rec'd by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Registration Fee is **\$50.00**

## BERRIEN COUNTY HEALTH DEPARTMENT

2149 E. Napier Ave.  
Benton Harbor, Michigan 49023  
Phone: 269-927-5623

### REGISTRATION FOR ON-SITE SEWAGE SYSTEM INSTALLER

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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