

STONE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES
417/357-8200 FAX 417/357-6031

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SEPTIC INSTALLER RENEWAL NOTICE 2010-2012
REGISTRATION FORM

NAME _____

COMPANY NAME _____

ADDRESS: STREET _____

CITY _____

STATE _____

ZIP CODE _____

Phone: _____ Cell _____

Do you Install Advanced Treatment Systems? Check all that apply:

Peat Moss Systems Yes _____ No _____

Aeration Systems Yes _____ No _____

Open Cell Foam Yes _____ No _____

Wet Lands Yes _____ No _____

Sand/Gravel Filter Yes _____ No _____

Fabric Yes _____ No _____

Other _____

Will you do repairs and rehab on an existing system Yes _____ No _____

Please make your check (\$100.00) payable to Stone County Health Department

Services provided on a non-discriminatory basis

FOR OFFICE USE ONLY:

Ck#

Date Received:

Registration #

Card Mailed/Picked Up:

Entered in computer: