



ADAMS COUNTY
HEALTH DEPARTMENT

Your Health. Our Mission.

**APPLICATION FOR A LICENSE
TO CLEAN ONSITE WASTEWATER TREATMENT SYSTEMS**

New/Renewal \$35.00 – **MAKE CHECKS PAYABLE TO ADAMS COUNTY HEALTH DEPT.**

ACHD License Number: _____
(If renewing a license)

Name of Applicant: _____

Company Name: _____

Name of Owner: _____

Street Number: _____ Street Direction: _____

Street Name: _____ Street Type: _____

Unit Type: _____ Unit #: _____

City _____ State _____ Zip _____ Phone: _____

Email Address: _____

The applicant certifies that he/she understands the Adams-County Health Department On-Site Wastewater Treatment Systems Regulation O-22, and will clean all onsite wastewater treatment systems in compliance with the regulations issued by the Health Department.

Name of Applicant (please print) _____

Date _____ *Signature of Applicant* _____

IMPORTANT: On the next page of this application, the applicant must list **AND** attach a copy of their contract, of all the sites utilized in the last year and upcoming year for disposing of pumpings. This application ***will not*** be processed without this information.

* * * * * ***BELOW SPACE FOR ACHD OFFICE USE*** * * * * *

Received contract(s) with disposal site(s)? Yes No

Received NAWT O&M 1 Certification ***or*** Yes No
NAWT Vacuum Truck Certification

License Issued Yes No

Date Health Department Verification

Adams County Health Department services are provided without regard to race, color, sex, age, religion, national origin or disability.

**LIST AND ATTACH A COPY OF THE CONTRACT OF ALL SITES USED IN THE
LAST YEAR AND TO BE USED THIS YEAR FOR DISPOSING OF PUMPINGS:**
