



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY

Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Personal Health: (509) 886-6400 | FAX 886-6478

Environmental Health: (509) 886-6450 | FAX 886-6449

Installer Test \$208 Internal: 504

Installer ReTest \$91 Internal: 547

Office Only: _____

On-Site Sewage System Installer Application

Name: _____

Company: _____

Mailing Address: _____

Mailing Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Contractor's Registration No: _____

Contractor's Registration No: _____

Expiration Date: _____

Expiration Date: _____

SPECIALIZED TRAINING

Type	Sponsor	Date
Advantex		
Drip		
O&M		
Drip O&M		

In accordance with the provisions of the Chelan-Douglas Health District Code §4.20.60.A, I hereby apply for a license to install On-site Sewage Systems. I understand licenses must be renewed annually, and that if I fail to renew the license before it expires, I will need to make another application and re-take the exams.

Signed: _____

Date: _____

Print Name: _____

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200 Valley Mall Parkway, East Wenatchee, WA, 98802 | (509) 886-6400 | www.cdhd.wa.gov

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Office Use Only

Application Review			
	Date	Score	Reviewed By:
Written Exam			
Provisional License Approved			
Field Practical			
Full License Approved			

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