



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
**HEALTHIER COMMUNITY**

# Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802  
**Environmental Health:** (509) 886-6400 | FAX 886-6449

**Email:** EHSupport@cdhd.wa.gov

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: \_\_\_\_\_

[www.cdhd.wa.gov](http://www.cdhd.wa.gov)

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**Office Use Only**

<b>Application Review</b>			
	<b>Date</b>	<b>Score</b>	<b>Reviewed By:</b>
<b>Written Exam</b>			
<b>Provisional License Approved</b>			
<b>Field Practical</b>			
<b>Full License Approved</b>			