Washtenaw County Environmental Health Division

Department of Public Health

APPLICATION FOR MAINTENANCE PROVIDER CERTIFICATION

Application is hereby made for certification to provide operation and maintenance for on-site wastewater treatment systems in Washtenaw County. By this application, it is agreed that the applicant will comply with the provisions of the Washtenaw County Environmental Health Division's **Regulation for the Management, Treatment and Disposal of Wastewater**. Application for certification renewal shall be made prior to the expiration date of the existing certification. Applicant must pass a written examination conducted by the Washtenaw County Environmental Health Division to become certified. ***To become certified an applicant must have experience in designing, installing, or maintaining large commercial sewage systems and or those that include the installation of pretreatment units.***

Please return the signed form and proper fee to the Washtenaw County Environmental Health Division. Submission of this form does not guarantee a certificate will be issued.

Name: _____ **Name of Business:** _____

Business Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone # _____ **Cell #:** _____ **Fax #:** _____

Email: _____

Applicant Signature: _____ **Title:** _____

Date: _____

Maintenance Provider Experience

- **Y/N Do you currently provide system maintenance?**
  - **If Yes, which type(s) of system(s) and how many?:** _____

    _____

    _____
- **Y/N Have you ever submitted an operation and maintenance report to Washtenaw County?**
  - **If Yes, for how many systems?:** _____
- **Y/N Do you currently design or install large commercial on-site sewage systems or on-site sewage systems that include sewage pretreatment units?**
  - **If Yes, which type(s) of system(s) and how many?:** _____

    _____

    _____

- **Y/N Are you currently an authorized maintenance provider for any proprietary systems?**
  - **If Yes, list type of system(s) and manufacturer name:**

    _____

    _____

    _____

- **Y/N Do you have telemetric capability?**
  - **If Yes, please describe system/software used:** _____

    _____

    _____

Please list any professional credentials you possess:

☐ P.E.

☐ R.S.

☐ Other _____

Other relevant experience or comments you wish to include: _____

_____

_____

_____

_____

Please check the appropriate items below:

[ ] $54 Training Fee (training is required for all applicants)

[ ] $54 Examination Fee (required for all, covers costs for administering exam)

[ ] $108 Registration Fee (covers 2 yr period for Certified Maintenance Providers)

Total Amount of Fees: $_____

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY

Payment Received: $ _____ Date: _____ Received By: _____