BERRIEN COUNTY HEALTH DEPARTMENT
P.O. BOX 706
Benton Harbor, Michigan 49023
Phone: 269-927-5623

REGISTRATION FOR ON-SITE SEWAGE SYSTEM INSTALLER

Name of Business:________________________________________

Address:________________________________________________

City/State/Zip:_________________________________________ Phone:________________________

Name of Owner:________________________________________

Address:________________________________________________

City/State/Zip:_________________________________________ Phone:________________________

Location: County:_______________________________________ Township:_______________________

Area Served: (Counties)____________________________________

Training and/or Experience:________________________________________

LICENSED CONTRACTOR? YES ☐ NO ☐

If yes, State:_________________________________________ State License No.:________________________

LICENSED SEPTAGE HAULER? YES ☐ NO ☐

If yes, State:_________________________________________ State License No.:________________________

LICENSED PLUMBER? YES ☐ NO ☐

If yes, State:_________________________________________ State License No.:________________________

The above information is submitted in accordance with the provisions of Section VIII, of the “Berrien County Sewage Disposal Regulation”, State of Michigan.

The undersigned being duly sworn, deposes and says (or affirms) that the statements herein contained are true and accurate.

_________________________  ______________________________
Date  Owner’s Signature

Registration Fee is $70.00