**Polk County Public Works**
**5885 NE 14th Street**
**Des Moines, IA 50313**
**(515) 286-3705**

# ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEMS CONTRACTOR'S LICENSE APPLICATION PROCEDURE

POLK COUNTY OFFERS TWO APPLICATION OPTIONS TO BE LICENSED AS A SEPTIC INSTALLER.

Option 1:

1) A completed application form (enclosed). Please complete form in its entirety.

2) A check for $77.00 made out to the "Polk County Treasurer".

3) The applicant shall submit proof of being a holder in good standing of an Iowa On-Site Wastewater Association or National Environmental Health Association(IOWWA or NEHA) credential as a Certified Installer of On-site Wastewater Treatment Systems (CIOWTS), either Basic or Advanced Levels.

OR;

Option 2:

If you are not a holder in good standing of an Iowa On-Site Wastewater Association or National Environmental Health Association(IOWWA or NEHA) credential as a Certified Installer of On-site Wastewater Treatment Systems (CIOWTS), either Basic or Advanced Levels. Therefore, you **must** submit the following items.

1) A completed application form (enclosed). Please complete form in its entirety.

2) A check for $77.00 made out to the "Polk County Treasurer".

3) Iowa Surety Bond Form showing proof that the contractor is holding a $15,000 surety bond issued by a surety company authorized to conduct business in the State of Iowa. A bond issued and filed with the Department must specify that it will remain in force and effect as to all acts of the principal for which a Contractor's license is required until the surety has terminated liability as to future acts and omissions of the principal by giving thirty days' prior written notice to the Department.

4) Letters of recommendation from three clients or customers for whom the applicant has performed onsite wastewater treatment system construction, alteration or repair work within the 365 days prior to the contractor's license application date, together with evidence of final approved onsite wastewater treatment and disposal system permits, issued by an administrative authority within the State of Iowa comparable to the Department and having jurisdiction over the properties where the work was performed, pertaining to the work referenced in the letters of recommendation; or Evidence of experience and performance, satisfactory to the Department, which may include evidence of work properly performed pursuant to a contractor's license and permits issued by the Department within the previous calendar year.

5) Proof of continuing education shall be consistent with that required for IOWWA or NEHA certified contractors in the amount of 16 hours.

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# ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEMS CONTRACTOR'S LICENSE APPLICATION

**NO.** _____

**NAME OF CERTIFIED INSTALLER:** _____

**ADDRESS:** _____

**CITY, STATE, ZIP:** _____

**COMPANY NAME:** _____

**PHONE NO.:** _____ **FAX NO.:** _____

**CELL PHONE:** _____

**E-MAIL ADDRESS** _____

**IOWWA or NEHA CERTIFICATION EXPIRATION DATE:** _____

I have knowledge of Polk County rules and regulations pertaining to on-site waste water treatment and disposal systems and agree to follow the requirements set forth in those rules and regulations.

CHAPTER #3

Violation of any Polk County rules and regulations, on-site wastewater treatment and disposal systems may be subject to criminal and civil penalties - also suspension or revocation of contractor's license.

I have reviewed and understand the aforementioned requirements. I understand this is just an application and not a license. A license will be forthcoming upon approval of applicant.

**LICENSE FEE: $77.00**

Make check payable to "Polk County Treasurer". Mail completed application form, remittance, and required documentation to:

**Polk County Public Works Department**
**Attn: Danielle Morgan**
**5885 NE 14th Street**
**Des Moines, IA 50313**

**APPLICANT SIGNATURE:** _____ **DATE:** _____

**Polk County Public Works**
5885 NE 14th Street
Des Moines, IA 50313
(515) 286-3705

# 2013 ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEMS CONTRACTOR'S LICENSE RENEWAL APPLICATION

**PLEASE VERIFY AND MAKE ANY CORRECTIONS AND/OR CHANGES**

**NO.** _____

**NAME OF CERTIFIED INSTALLER:** _____

**ADDRESS:** _____

**CITY, STATE, ZIP:** _____

**COMPANY NAME:** _____

**PHONE NO.:** _____ **FAX NO.:** _____

**CELL PHONE:** _____

**E-MAIL ADDRESS** _____

**IOWWA or NEHA CERTIFICATION EXPIRATION DATE:** _____

I have knowledge of Polk County rules and regulations pertaining to on-site waste water treatment and disposal systems and agree to follow the requirements set forth in those rules and regulations.

CHAPTER #3

Violation of any Polk County rules and regulations, on-site wastewater treatment and disposal systems may be subject to criminal and civil penalties - also suspension or revocation of contractor's license.

I have reviewed and understand the aforementioned requirements. I understand this is just an application and not a license. A license will be forthcoming upon approval of applicant.

**LICENSE FEE: $77.00**

Make check payable to "Polk County Treasurer". Mail completed application form, remittance, and required documentation to:

**Polk County Public Works Department**
**Attn: Danielle Morgan**
**5885 NE 14th Street**
**Des Moines, IA 50313**

**APPLICANT SIGNATURE:** _____ **DATE:** _____