

Emily Backer, M.D.  
Health Officer

Brook Milburn  
Environmental Health Director



# Howard County Health Department

Division of Environmental Health

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## Septic Installer Registration 2024

Installer Registration Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Registered Worker: \_\_\_\_\_ Test% \_\_\_ IOWPA \_\_\_ Other \_\_\_\_\_

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Registered Worker: \_\_\_\_\_ Test% \_\_\_ IOWPA \_\_\_ Other \_\_\_\_\_

Registered Worker: \_\_\_\_\_ Test% \_\_\_ IOWPA \_\_\_ Other \_\_\_\_\_

Registered Worker: \_\_\_\_\_ Test% \_\_\_ IOWPA \_\_\_ Other \_\_\_\_\_

Fee Paid Date: \_\_\_\_\_ Cash-Check \_\_\_\_\_ Credit Card \_\_\_\_\_