Print Form

Registration Form for Wastewater System Contractors

Craven County Health Department

Please check all that apply:

☐ Installer
Certification #: _____

☐ Inspector
Certification #: _____

☐ Operator
Certification #: _____

Your Contact Info:

Contractor Name: _____

Company Name: _____

Company Mailing Address: _____

Your Phone Numbers:

( ) _____ Work
( ) _____ Mobile
( ) _____ Fax

( ) _____ Work #2
( ) _____ Mobile# 2
( ) _____ Fax #2

Your Email Address: _____

Your Background:

In what other counties are you registered?

_____
_____
_____

For which Innovative Systems are you certified (by the manufacturer)?

- _____
- _____
- _____
- _____
- _____
- _____

How many years have you been installing systems? _____
How many years have you been inspecting systems? _____
How many years have you been operating systems? _____

Note:

It is recommended that you obtain a copy of the Craven County Health Department's **Septic System Design Specifications Manual.** ***The manual includes schematic drawings of required components for various system types (LPP, beds, fill mounds, pressure manifolds, etc.) as well as our inspection procedures.***

_____ _____

Signature **Date**

Please return this sheet to: Craven County Environmental Health
P.O. Drawer 12610, New Bern, NC 28561 - FAX: 252-636-1474 – PHONE: 252-636-4936