



Department of Environmental Services

Derek Norrick, Director

2363 Jeep Road

Abilene, KS 67410

Phone: (785) 263-4780

**PRIVATE WASTERWATER SYSTEM
INSTALLER LICENSE APPLICATION**

COMPANY: _____

OWNER: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

LIST OF EMPLOYEES (PLEASE PRINT CLEARLY THE NAMES OF EMPLOYEES WHO WILL BE INSTALLING SYSTEMS)	

A certificate of insurance is *required* showing that applicant is covered by an effective liability insurance policy. **Attach certificate.**

Insurance Company/ Agent: _____

Licenses are issued for the calendar year and expire December 31 of the year for which the license was issued. Licenses are not transferable for change of ownership. Failure to comply with federal, state and local regulations may result in license suspension, license revocation or civil penalty. This license is only valid for the installation of private wastewater systems within Dickinson County.

By signing below, I state that I have read, understand, agree to abide by any federal, state, and local regulations regarding the installation of private wastewater systems.

OWNER/REPRESENTATIVE SIGNATURE

DATE



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----- FOR OFFICE USE ONLY -----

Application received on: _____

Certificate of insurance received? Yes No If yes, Exp. Date? _____

Renewal Fee (\$25)

New License Fee (\$100)

Date Paid: _____ Cash Credit Check # _____ Treasurer's Receipt # _____

License Approved? Yes No

License Number: _____ Date Issued: _____

Approved By: _____

Dickinson County Department of Environmental Services

Installer License Mailed E-Mailed on: _____