

KIMBERLY GRANDINETTI

ADMINISTRATOR

**201 W PLATT
MAQUOKETA, IA 52060**

P: 563.652.5658 X3

F: 563.652.3909

E: KGRANDINETTI@CO.JACKSON.IA.US



INSTALLER APPLICATION

FOR THE INSTALLATION OF
ONSITE WASTEWATER TREATMENT
& DISPOSAL SYSTEMS

\$50.00

2019-2020

Business Name (DBA) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Legal Business Name (LLC/Inc) _____

Owner _____ Cell _____ Email _____

CLOWTS # (If Applicable) _____ Expiration Date _____ Passed County Exam Date (If Applicable) _____

Admin / Office Contact _____ Phone _____ Email _____

A licensed individual must always be present. The persons listed below have demonstrated their knowledge of onsite wastewater treatment principles and applicable codes and will be working as licensed installers for this firm and are hereby authorized to pull permits on behalf of this firm:

Installer: _____ CLOWTS # _____

Phone: _____ Email: _____

Installer: _____ CLOWTS # _____

Phone: _____ Email: _____

Installer: _____ CLOWTS # _____

Phone: _____ Email: _____

I hereby apply, on behalf of each of the persons named above, for licenses to install onsite wastewater treatment and disposal systems in Jackson County, Iowa, expiring **February 29, 2020**.

Date: _____ Owner Signature _____

***** **FOR HEALTH DEPARTMENT USE ONLY** *****

County ID _____ Date Received _____ Approved By _____ Check # _____ County Exam Taken _____