



## Island County Public Health

Mailing Address: 1 NE 7th Street, Coupeville, WA 98239

Physical Address: 1 NE 6th Street, Coupeville, WA 98239

Ph: Whidbey 360-679-7350 | Camano 360-678-8261 | N Whidbey 360-240-5554

Email: [publichealth@islandcountywa.gov](mailto:publichealth@islandcountywa.gov) | [www.islandcountywa.gov](http://www.islandcountywa.gov)

### SEPTIC INSTALLER APPLICATION

After passing Island County Septic Installers Exam

Date: \_\_\_\_\_

\_\_\_\_\_ Conventional Installer Only

\_\_\_\_\_ Alternative & Conventional Installer

\_\_\_\_\_ Installer working under someone else's bond

Business Name: \_\_\_\_\_

Installer's Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Installer's Cell #: \_\_\_\_\_

Installer's Email (most correspondence will be done by email): \_\_\_\_\_

State Contractor's License #: \_\_\_\_\_ (attach a copy)

Current Installer/MSP Bond#: \_\_\_\_\_ (attach original)

\*\*\*\*\*BOND MUST RUN CALENDAR YEAR\*\*\*\*\*

Continuing Education:

Courses Taken and date (only required after first year of being licensed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Installer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Owner's Signature  
(Required for Installer who is working under someone else's bond)

\_\_\_\_\_  
Date