



**Public Health**  
Prevent. Promote. Protect.

## Unified Government Public Health Department

### Division of Environmental Health

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# Wyandotte County Septic Installer License Application

### **PLEASE READ COMPLETELY BEFORE SUBMITTING**

Please write clearly and legibly.

Incomplete applications will not be accepted and may result in late fees.

All fees and a copy of the current business license (for companies only) are required at time application, new or renewal.

<b>Annual Fee</b>	<b>\$125</b>	Annual fee shall be the same for any fraction of the year
<b>Exam Fee</b>	<b>\$65</b>	Assessed for every exam administered. A written examination is required for all new installers and updates in Chapter 30 of the Sanitary Code
<b>Late Fee</b>	<b>\$50</b>	Annual licenses expire the last day of December each year. A late fee will apply to all renewals submitted on or after January 1 <sup>st</sup>

**No person shall install, construct, repair or alter any part of an on-site sewage management system without having first obtained a Septic Installer License AND Septic Permit from the Health Department**

### Type of license being applied for:

- ☐ **Contractor** - must be a current employee of a company in compliance with all state and county requirements for operating in Wyandotte County
- ☐ **Homeowner** - may only install, repair, or alter an on-site sewage management system located on property legally deeded in their own name

### INDIVIDUAL INSTALLER INFORMATION

INDIVIDUAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**I have read and agree to meet the requirements of the Sanitary Code of Wyandotte County, the UGPHD Septic Policies & Procedures and the UGPHD Chapter 30 Enforcement Policy. I will only perform installation, construction, repair, or alteration of on-site sewage management systems with prior authorization by obtaining a permit from the Unified Government Public Health Department. I understand penalties may occur and licenses may be revoked for failure to comply with these requirements or state/local regulations.**

Signature of Individual being Licensed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Application invalid without a signature)

### CONTRACTOR COMPANY INFORMATION

Filling out the following information gives Unified Government Public Health Department permission to distribute what is provided below to the public for inquiries about companies employing LICENSED SEPTIC INSTALLERS. If left blank, permission to list publicly will be considered denied and company information will be omitted from the public log kept by the Health Department.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Included with this application:**

☐ **PAYMENT (CHECK OR MONEY ORDER ONLY)**

☐ **COPY OF CURRENT BUSINESS LICENSE (IF APPLICABLE)**

FOR OFFICE USE ONLY:	License Number	Date	Initial