



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

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Application for Licensure of Septic Tank Installers

Date _____

_____ New License

_____ Renewal of License

Name of Installer _____

Address _____

Business Name _____

Address _____

Home Phone _____ Business Phone _____

Fax _____ Cell Phone _____

Email Address _____

Washington County License Number (if renewal) _____

Applicant's Signature

Office Use Only

Receipt No. _____ Date License Issued _____

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ENVIRONMENTAL HEALTH

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