



Reno County Health Department
 209 W 2nd Hutchinson KS 67501
 Phone: 620-694-2900 Fax: 620-665-8883

Licensed Wastewater Contractor Application

Type of Application: Initial Renewal License Number: _____ License Year: _____

Company/Owner: _____

Address: _____ City: _____

Mailing Address: _____ City: _____

Phone: _____ Fax: _____

Email: _____

Notification Preference: Mail Phone Fax Email Service Area: County Wide Homeowner Site Specific

Other Licenses / Permits Issued From Other Counties / States:

I give Reno County Health Department permission to list my contact info on the Reno County Licensed Wastewater Contractors & Haulers List given to county residents; which is also available online.

Accept Decline

Owner / Representative's Signature

Date

I understand by typing my name and submitting this form, I am electronically signing this document.

For Official Use Only:		County Wide License: \$100.00 Homeowner's License: \$30.00
Test Date: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Score: _____
Reviewed by _____	Date _____	Total: \$ _____ .00
		Fees Paid On This Date: _____