



DURHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

REGISTRATION FORM FOR SEPTIC TANK CONTRACTORS AND
SEPTAGE PUMPING CONTRACTORS OPERATING IN DURHAM COUNTY

(please type or print neatly)

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE NUMBER _____

OWNER/MANAGER NAME _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE NUMBER _____

Are you a **CERTIFIED SUBSURFACE OPERATOR** ? _____ Certification Number _____

SYSTEMS CURRENTLY OPERATING IN DURHAM COUNTY

NAME OF SYSTEM _____ **ADDRESS** _____

NAME OF SYSTEM _____ **ADDRESS** _____

NAME OF SYSTEM _____ **ADDRESS** _____

NOTE: 15A NCAC 18A .1937 (B) NO PERSON SHALL CONSTRUCT, INSTALL, REPAIR, OR RENOVATE, OR CAUSE TO BE CONSTRUCTED, INSTALLED, REPAIRED, OR RENOVATED ANY GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM WITHOUT FIRST HAVING OBTAINED AN IMPROVEMENTS PERMIT FROM THE LOCAL HEALTH DEPARTMENT.

THE DESIGN, CONSTRUCTION AND MAINTENANCE OF THE GROUND ABSORPTION SEWAGE SYSTEM SHALL BE THE RESPONSIBILITY OF THE OWNER, DEVELOPER, INSTALLER AND USER OF THE SYSTEM AS APPLICABLE IN THE CIRCUMSTANCES.

RETURN COMPLETED FORM TO: DURHAM COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION, 414 EAST MAIN STREET, DURHAM, NC 27701

SIGNATURE _____ **DATE** _____