



## State of Louisiana

Department of Health and Hospitals  
Center for Environmental Health Services

September 1, 2009

Dear Installer:

Your basic license expires on January 31, 2010. For your convenience we are enclosing the application packet for renewal. Please read the instructions carefully and submit all items necessary for licensure to our office at the address below no later than **December 1, 2009**.

*DHH/CEHS/Office of Public Health  
Onsite Wastewater Program-Bin 11  
P.O. Box 4489  
Baton Rouge, LA 70821-4489*

Please call (225) 342-7653 if you have any questions, so we may ensure that all required documents are submitted and there is no lapse in your coverage.

Sincerely,

Stanley Clause, R.S.  
Program Administrator  
Onsite Wastewater Program

# Basic License Checklist

## SUBMIT THE REQUIRED ITEMS LISTED BELOW ALONG WITH THIS CHECKLIST

\_\_\_\_\_ A **completed** and signed Basic Application form

\_\_\_\_\_ A **completed** and signed Affidavit **All fields and signatures are mandatory.**

\_\_\_\_\_ A certificate of general liability insurance which is valid for the duration of the license. The Office of Public Health name and address shall be listed on the policy as a Certificate Holder. The policy shall indicate minimum coverage limits of at least \$100,000 each occurrence/\$300,000 aggregate per person.

**Note: Your policy must have your name on it as we do not issue installer licenses to companies.**

\_\_\_\_\_ Check or money order, payable to LDHH/OPH for one hundred dollars U.S. (\$100.00)

Please note if your training has expired, please contact ULL at 337-482-5712 or you can now register online at [www.ce.louisiana.edu](http://www.ce.louisiana.edu) to enroll in the next available class. Training is required once every five years.

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### **FOR OFFICE USE ONLY**

Installer Name \_\_\_\_\_ License Number \_\_\_\_\_

Please refer to the highlighted item(s) above and re-submit your application with the required documentation. If you have any questions, please call 225-342-7653.



Louisiana Department of Health and Hospitals Office of Public Health  
 Onsite Wastewater Program  
 (<http://www.dhh.louisiana.gov/offices/?ID=215>)



**AFFIDAVIT**

This affidavit must be submitted when applying for a combination, basic, maintenance, and /or homeowner licenses.  
 Licenses expire on January 31 of each year.

IF-81706  
 Rev. 8/19/09

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

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the undersigned notary public, commissioned in and qualified for the Parish and State aforesaid, and the two undersigned competent witnesses, personally came and appeared:

Licensee: \_\_\_\_\_

Please Print

who, after being duly sworn, did depose and say:

*I hereby certify that I have obtained, read, understand and shall comply with the provisions of the Sanitary Code (Title 51), Part 13, including Chapter 7, Subchapter B of this Part, and the requirements for minimum distance to sources of contamination in Part 12, and will make installations and/or provide maintenance in compliance therewith. I also certify that I am trained in the proper installation of all components which I intend to maintain in the State of Louisiana for the duration of this license. Furthermore, I understand that under provisions in Title 51, Part XIII, Subchapter C, §735.F.,G., licenses may be suspended or revoked by the agency for non-compliance with code provisions, and that licenses which are revoked are not eligible for reinstatement for a minimum period of two years.*

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Licensee Signature

Witnesses:  
 \_\_\_\_\_

\_\_\_\_\_  
 Please Print

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Please Print

\_\_\_\_\_  
 Witness Signature

**Mail to:**  
 LDHH/CEHS/Office of Public Health  
 Onsite Wastewater Pgm., Bin 11  
 P.O. Box 4489  
 Baton Rouge, LA 70821-4489



Louisiana Department of Health and Hospitals  
Office of Public Health Onsite Wastewater Program  
(<http://www.dhh.louisiana.gov/offices/?ID=215>)



### APPLICATION FOR BASIC LICENSE

The Basic License is required for the installation and maintenance of septic tanks/field lines, septic tanks/oxidation ponds, septic tanks/sand filters, and limited use systems. (as per Title 51, Part 13, Subchapter C, §735, B, 2).

Licenses expire on January 31 of each year.

*Please type or print in ink*

IF-01/Basic  
Rev. 8/19/09

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

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone/Area Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone/Area Code: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Current License Number: \_\_\_\_\_

Date of Last Training Class: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Check Appropriate Box(s):**

- New Application
- Renewal
- Out of Business
- Changes of Name/Address
- Change of Company Name/Address

**Mail completed application and required items to:**  
**LDHH OPH CEHS**  
**Onsite Wastewater Pgm., Box 11**  
**P.O. Box 4489 Baton Rouge, LA**  
**70821-4489**

**FOR OFFICE USE ONLY**

Logged in By:	Date:
M.O. or Check #:	
License #:	PIV#:
Processed By:	