Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

State of Louisiana

Department of Health and Hospitals
Center for Environmental Health Services

September 1, 2009

Dear Installer:

Your licenses expire 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

Combination and Maintenance Licenses 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 **completed** and signed Combination Application form

_____A **completed** and signed Maintenance Application form

_____Original endorsement(s) from a licensed manufacturer(s) for the brand(s) of individual mechanical plant to be installed and maintained, **signed if required** (For endorsements which state maintenance/service only, a Maintenance License must be acquired.)

_____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 three hundred dollars U.S. ($300.00)

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 to enroll in the next available class. Training is required once every five years.

FOR OFFICE USE ONLY

Installer Name _____ License Number _____

Please correct the highlighted item(s) above and return you application.

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.

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

Please type or print in ink

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:

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

APPLICATION FOR COMBINATION LICENSE

The Combination license is required for the installation and maintenance of individual mechanical treatment plants. This license may be obtained only in conjunction with a basic license, and is considered to be a separate license (a*s per Title 51, Part 13, Subchapter C, §735, B, 2).*

Licenses expire on January 31 of each year.

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

Please type or print in ink

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:

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

APPLICATION FOR MAINTENANCE LICENSE

The Maintenance License is required for servicing and maintaining of individual mechanical treatment plants when **manufacturer endorsement specifies maintenance only** (as *per Title 51, Part 13, Subchapter C, §735, B, 2).*
Licenses expire on January 31 of each year.

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

Please type or print in ink

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
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FOR OFFICE USE ONLY

Logged in By: Date:

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License #: PIV#:

Processed By: