

JOHNSON COUNTY ENVIRONMENTAL DEPARTMENT  
SANITATION DIVISION

SIL# \_\_\_\_\_

JOHNSON COUNTY PRIVATE SEWAGE TREATMENT SYSTEM  
EXPERIENCE QUESTIONNAIRE for CONTRACTOR LICENSING

1. BUSINESS NAME, ADDRESS, AND PHONE NUMBER:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

2. Number of years you have been in business as a contractor to install private sewage treatment systems:

\_\_\_\_\_

3. Verification references of work performed in other areas outside Johnson County:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

4. Number and names of employees within your business who will be working under your license to install private sewage treatment systems in Johnson County:

NUMBER: \_\_\_\_\_

Names: \_\_\_\_\_  
\_\_\_\_\_

5. List the types of private sewage treatment systems you will be installing in Johnson County:

\_\_\_\_\_  
\_\_\_\_\_

6. Knowledge of the Johnson County Private Sewage Treatment Code:

Complete the attached **Private Sewage Treatment System Examination for Evaluation**. You must score **75 percent** or higher on the examination before the license will be issued.