

JOHNSON COUNTY ENVIRONMENTAL DEPARTMENT
SANITATION DIVISION

JOHNSON COUNTY PRIVATE SEWAGE DISPOSAL 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 disposal systems:

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

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

NUMBER: _____

NAMES: _____

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

6. Continuing Education/Training as required by Johnson County Environmental Sanitary Code.

EVENT: _____

DATE: _____