

JOHNSON COUNTY ENVIRONMENTAL DEPARTMENT
SANITATION DIVISION

JOHNSON COUNTY PRIVATE SEWAGE DISPOSAL SYSTEM
EXPERIENCE QUESTIONNAIRE for DESIGNER LICENSING

1. BUSINESS NAME, ADDRESS, AND PHONE NUMBER:

NAME: _____ PHONE #: _____

ADDRESS: _____
(Number and Street) (City) (State) (Zip)

2. Do you have a current Johnson County Private Sewage Disposal System Installer's License?

Yes

No

3. Have you designed any alternative sewage disposal systems?

Yes

No

4. Have you installed any private sewage disposal systems?

Yes

No

5. Continuing Education as required by Johnson County Environmental Sanitary Code

EVENT: _____

DATE: _____

EVENT: _____

DATE: _____