



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSTALLER AND CLEANER APPLICATION

IMPORTANT: HAND-DELIVERED APPLICATIONS WILL NOT BE IMMEDIATELY REVIEWED BY THE DEPARTMENT. AFTER ALL DOCUMENTS HAVE BEEN RECEIVED, THE PROFESSIONAL STAFF OF THE DEPARTMENT WILL EVALUATE EACH APPLICATION IN THE ORDER IN WHICH IT WAS RECEIVED. ADDITIONALLY, PROFESSIONAL STAFF ARE NOT AVAILABLE FOR UNSCHEDULED "WALK-IN MEETINGS". IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR APPLICATION, PLEASE CALL (860) 509-7559.

- ◆ The fee for initial licensure covers the cost of eligibility determination and related administrative functions; at such time as an applicant is determined eligible for licensure, the process of licensure issuance will proceed immediately. Also, please be aware that subsequent licensure renewal fees are separate and distinct from the application fee. Licenses are renewed annually during the license holder's month of birth. Renewal will be required in the **FIRST** birth month which immediately follows the issuance of licensure. The full renewal fee will be required regardless of the date of initial licensure.
- ◆ It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. It is not the responsibility of the Department to notify applicants of incomplete documentation.
- ◆ No personal checks are accepted. Please remit the application fee, by **CERTIFIED CHECK or MONEY ORDER ONLY**, payable to "**TREASURER, STATE OF CONNECTICUT**", in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application; **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR LICENSURE.**
- ◆ Licensure requirements are subject to change as a result of new legislation, rules and regulations, or due to new policies and procedures that may be adopted by the Department of Public Health. Applicants must meet current licensure requirements.
- ◆ Any incomplete application, which has remained inactive for one year, will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.
- ◆ **EXAM MATERIALS:** If you would like to obtain a current copy of the Public Health Code Regulations, including the January 1, 2007, Revisions to the Technical Standards, please send a check or money order in the amount of \$3.00 made payable to Treasurer, State of Connecticut to: Theresa Williams, c/o Sewage Program, 410 Capitol Ave., MS#51SEW, P.O. Box 340308, Hartford, CT 06134, or consult our website at http://www.ct.gov/dph/lib/dph/environmental_health/environmental_engineering/pdf/techstd_07.pdf.



Phone: (860) 509-7559

Telephone Device for the Deaf (860) 509 7191

410 Capitol Avenue - MS # 51EPL

P.O. Box 340308 Hartford, CT 06134

www.ct.gov/dph

An Equal Opportunity Employer

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSTALLER AND CLEANER LICENSURE

ELIGIBILITY

- ◆ *An applicant for **CLEANER** licensure must meet the following eligibility requirements:*
 - ✓ successful completion of the Connecticut Subsurface Sewage Disposal System Cleaner Examination.
- ◆ *An applicant for **INSTALLER** licensure must meet the following eligibility requirements:*
 - ✓ completion of four recent subsurface sewage disposal system installations **or** licensure/accreditation in another state; *AND*
 - ✓ successful completion of the Connecticut Subsurface Sewage Disposal System Installer Examination.

DOCUMENTATION REQUIRED *An applicant for installer or cleaner licensure must arrange for submission of the following:*

◆ **INITIAL LICENSURE**

1. A completed, notarized application (*enclosed*) with photograph, and fee (\$10.00/CLEANER \$25.00/INSTALLER,) in the form of a certified bank check or money order made payable to “Treasurer, State of Connecticut”; *AND*
2. *INSTALLERS*, completion of four (4) recent subsurface sewage disposal system installations (*use enclosed FORM #1*; *AND*
3. *if applicable*, official verification, sent directly from each state licensing authority where a subsurface sewage disposal system installer or cleaner license, certificate or registration is or has ever been held (*use enclosed FORM #2*); *AND*
4. successful completion of State administered exam.

◆ **REINSTATEMENT**

1. A completed, notarized application (*enclosed*) with photograph, and fee (\$10 CLEANER, \$25 INSTALLER) in the form of a certified bank check or money order made payable to “Treasurer, State of Connecticut”; *AND*
2. synopsis of professional activities since lapse in licensure; *AND*
3. letter sent directly from the appropriate authority confirming your most recent employment; *AND*
4. *if applicable*, successful completion of State administered exam; *AND*
5. *if applicable*, official verification sent directly from the appropriate authority of any license(s)/certificate(s), current or expired, out of state (*use enclosed FORM #2*).

EXAMINATION

- All installer applicants are required to successfully complete the Connecticut Subsurface Sewage Disposal System Installer Examination. All cleaner applicants are required to successfully complete the Connecticut Subsurface Sewage Disposal System Cleaner Examination. This application must be submitted to the Department for approval to sit for the exam.
- Each examination contains questions relating to experience generally obtained as an apprentice and the minimum Public Health Code/Technical Standards requirements. For the installer’s license, several questions will test your ability to understand the basic skills such as reading septic design plans and the general practices regarding the cleaning of a septic tank.
- Applicants reinstating after a period greater than two (2) years must retake the exam.
- Applicants may choose to register for the Connecticut Onsite Wastewater Recycling Association, (COWRA), Septic Installers School or Septic Cleaner/Pumper School. You may contact the COWRA at (860) 267-1057 P.O. Box 116 East Hampton, CT 06424. REMINDER: These are VOLUNTARY Exam Preparation course.
- Licensing Examination questions are **NOT** included in the Freedom of Information Act as documents available for review. Whenever possible, however, this Division will provide whatever feedback possible with regard to examination performance.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Lic.: _____
Effective: _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM
INSTALLER AND CLEANER APPLICATION

License type: [] CLEANER [] INSTALLER

Please check one: [] INITIAL [] REINSTATEMENT

Last name: _____ First name: _____ MI: _____ Maiden name: _____

Date of birth: ____/____/____ SS #: ____-____-____ Gender: _____

Name and Mailing Address: This is how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on license: _____

Address: _____

City, State, Zip: _____

Daytime phone number: (____) _____ E-mail: _____

At the exam, do you require accommodation for any disability? YES [] NO []

If YES, attach a written statement to this application briefly describing the nature of the disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.

LICENSURE/CERTIFICATION/ACCREDITATION/APPROVAL IN OTHER STATES: List all states (other than Connecticut) in which you have ever been licensed, certified, accredited or approved as subsurface sewage disposal system installer or cleaner. You must forward a copy of the verification form (FORM #2) to the state(s) in which you have ever been licensed, certified, accredited or approved.

Table with 4 columns: STATE, TYPE OF LIC/CERT/ACCRED/APPRVL, NUMBER, EXP. DATE

Privacy Act: The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. The following information is provided to comply with these requirements. Disclosure of the social security number is mandatory, pursuant to Public Law 104-193 and Sections 29-252a (b) and 4a-18, Connecticut General Statutes. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will ONLY disclose social security numbers to government entities. Your social security number will NOT be released to the general public.

FORM # 1

Name: _____
Last
First
Middle Initial

INSTALLER EXPERIENCE (INSTALLER APPLICANTS MUST COMPLETE THIS SECTION):

Please list four of your most recent sewage disposal systems installations and request the town sanitarian inspecting each system sign the bottom line attesting to your involvement with the system installation and that the system was installed satisfactorily. Any problems or issues with the installation should be noted by the sanitarian on back of this form:

SYSTEM # 1	SYSTEM # 2
ADDRESS: _____ CITY/TOWN: _____ HEALTH DEPT: _____ DATE INSPECTED: ____/____/____ NAME OF TOWN SANITARIAN WHO INSPECTED THIS INSTALLATION: _____ SIGNATURE OF TOWN SANITARIAN WHO INSPECTED THIS INSTALLATION: _____	ADDRESS: _____ CITY/TOWN: _____ HEALTH DEPT: _____ DATE INSPECTED: ____/____/____ NAME OF TOWN SANITARIAN WHO INSPECTED THIS INSTALLATION: _____ SIGNATURE OF TOWN SANITARIAN WHO INSPECTED THIS INSTALLATION: _____
SYSTEM # 3	SYSTEM # 4
ADDRESS: _____ CITY/TOWN: _____ HEALTH DEPT: _____ DATE INSPECTED: ____/____/____ NAME OF TOWN SANITARIAN WHO INSPECTED THIS INSTALLATION: _____ SIGNATURE OF TOWN SANITARIAN WHO INSPECTED THIS INSTALLATION: _____	ADDRESS: _____ CITY/TOWN: _____ HEALTH DEPT: _____ DATE INSPECTED: ____/____/____ NAME OF TOWN SANITARIAN WHO INSPECTED THIS INSTALLATION: _____ SIGNATURE OF TOWN SANITARIAN WHO INSPECTED THIS INSTALLATION: _____

PROFESSIONAL HISTORY: Answer A-G by checking YES or NO. If you answer YES, follow directions

below.

A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work?

YES

NO

B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

YES

NO

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you?

YES

NO

D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

YES

NO

E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services?

YES

NO

If you answered yes to any of the above questions (A-E), please give full details, names, addresses, on a separate, NOTARIZED statement.

F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or any branch of the armed services or a foreign jurisdiction?

YES

NO

If yes, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

YES

NO

If yes, give full details on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.

PHOTOGRAPH:



NOTARIZATION:

On this _____ day of _____ 200 __, _____ (*applicant's name*)
personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing
application and that the photograph attached hereto is a true picture of self and that the statements made herein
are true in every respect.

Signature of Applicant

Sworn to before me this _____ day of _____ 200 _____.

Signature of Notary Public

My Commission Expires

SEND APPLICATION AND FEE (\$25.00/INSTALLER, \$10.00 CLEANER) IN THE FORM OF A CERTIFIED
CHECK OR MONEY ORDER MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSTALLER AND CLEANER LICENSURE
DEPARTMENT OF PUBLIC HEALTH
410 CAPITOL AVENUE, **MS# 12MQA**
P.O. BOX 340308
HARTFORD, CT 06134-0308

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OUT OF STATE VERIFICATION OF
LICENSURE/CERTIFICATION/ACCREDITATION
AS A SUBSURFACE SEWAGE DISPOSAL SYSTEM INSTALLER OR CLEANER**

APPLICANT: Complete the top portion of this form and forward it to the state(s) (other than Connecticut) where you have been/are licensed/certified/accredited/approved as a subsurface sewage disposal system installer or cleaner. You may make a copy of this form if you are licensed/certified/ accredited/approved in more than one state.

Name: _____ Date of Birth: ____/____/____

License/Certificate/Accreditation/Approval Number: _____ Date Issued: _____

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR LICENSING/CERTIFYING AGENCY USE ONLY

This is to certify that the above named individual was issued license/certificate/accreditation/approval number _____ as a _____ on ____/____/____. (date of issuance).

1. Current Licensure/Certification/Accreditation/Approval Status: Active Inactive Lapsed

2. Date License/Certificate/Accreditation/Approval Expires: ____/____/____ .

3. Has this individual ever been subject to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint: YES NO

If Yes, please forward all publicly discloseable information regarding the encumbrance and basis for same. Please advise this office if you require a consent for release of this information from the applicant.

NAME: _____ TITLE: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

PLEASE FORWARD THIS FORM DIRECTLY TO:

**Subsurface Sewage Disposal System Installer and Cleaner Licensure
Department of Public Health
410 Capitol Avenue, MS# 51EPL
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7559
Fax: (860) 509-7378**