



Polk County Public Works

5885 NE 14th Street
Des Moines, IA 50313
(515) 286-3705

publicworks@polkcountyiowa.gov

2021 On-Site Wastewater Treatment and Disposal Systems Contractor's License Application Procedure Options

POLK COUNTY OFFERS TWO APPLICATION OPTIONS TO BE LICENSED AS A SEPTIC INSTALLER.

If you are a certified installer through Iowa On-Site Wastewater Association (IOWWA) or National Environmental Health Association (NEHA), either the Basic or Advanced Levels, and in good standing, the following items are required:

- 1) A completed application form (enclosed).
- 2) A check for \$86.00 made out to the "Polk County Public Works".
- 3) A copy of your Certified Installer of On-site Wastewater Treatment Systems (CIOWTS), either Basic or Advanced Levels, credentials.
- 4) Proof of Current Contractor Registration with Iowa Workforce Development.

If you are not a certified installer or not in good standing with the Iowa On-Site Wastewater Association or National Environmental Health Association (IOWWA or NEHA), you must submit the following items.

- 1) A completed application form (enclosed).
- 2) A check for \$86.00 made out to the "Polk County Public Works."
- 3) A \$15,000 Iowa Surety Bond issued by a surety company authorized to conduct business in the State of Iowa. A bond issued and filed with the Department must specify that it will remain in force and effect as to all acts of the principal for which a Contractor's license is required until the surety has terminated liability as to future acts and omissions of the principal by giving thirty days' prior written notice to the Department.
- 4) Letters of recommendation from three clients or customers for whom the applicant has performed onsite wastewater treatment system construction, alteration or repair work within the 365 days prior to the contractor's license application date, together with evidence of final approved onsite wastewater treatment and disposal system permits, issued by an administrative authority within the State of Iowa comparable to the Department and having jurisdiction over the properties where the work was performed, pertaining to the work referenced in the letters of recommendation; or Evidence of experience and performance, satisfactory to the Department, which may include evidence of work properly performed pursuant to a contractor's license and permits issued by the Department within the previous calendar year.
- 5) Proof of continuing education consistent with that required for IOWWA or NEHA certified contractors in the amount of 12 hours.
- 6) Proof of Current Contractor Registration with Iowa Workforce Development.



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**2021 On-Site Wastewater Treatment and Disposal
Systems Contractor's License Application**

NAME OF CERTIFIED

INSTALLER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY NAME: _____

PHONE NO.: _____ **FAX NO.:** _____

CELL PHONE: _____ **E-MAIL:** _____

AUTHORIZED DESIGNEE NAME(s): _____

- Copy of IOWWA or NEHA Certification attached**
- Proof of Current Contractor Registration with Iowa Workforce Development attached**

I have knowledge of Polk County rules and regulations pertaining to on-site waste water treatment and disposal systems and agree to follow the requirements set forth in those rules and regulations.

CHAPTER #3

Violation of any Polk County rules and regulations, on-site wastewater treatment and disposal systems may be subject to criminal and civil penalties - also suspension or revocation of contractor's license.

I have reviewed and understand the aforementioned requirements. I understand this is just an application and not a license. A license will be forthcoming upon approval of applicant.

LICENSE FEE: \$86.00 Make check payable to "Polk County Public Works" or if you would like to pay online, please contact Gail Stevenson at 515-875-5545 or gail.stevenson@polkcountyiowa.gov.

Mail completed application form, remittance, and required documentation to:

**Polk County Public Works Department
Attn: Gail Stevenson
5885 NE 14th Street
Des Moines, IA 50313**

Applicant Signature: _____ **Date:** _____