



Fergus County Health Department  
Environmental Health Services  
712 W Main – Suite 101  
Lewistown, MT 59457

Barb Kingery, Sanitarian  
Sean Hill, Sanitarian

**FERGUS COUNTY ENVIRONMENTAL HEALTH  
SUBSURFACE WASTEWATER TREATMENT SYSTEM  
CERTIFIED SITE EVALUATOR APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

**BUSINESS ADDRESS**

STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

YEARS OF EXPERIENCE: \_\_\_\_\_

**ANY CURRENT OR PAST LICENSES?**

\_\_\_\_\_ YES – LICENSE #: \_\_\_\_\_ LICENSE YEAR: \_\_\_\_\_  
LICENSING DISTRICT NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
LICENSE #: \_\_\_\_\_ LICENSE YEAR: \_\_\_\_\_  
LICENSING DISTRICT NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
\_\_\_\_\_ NO

**FOR OFFICE USE ONLY:**

APPLICATION RECEIVED BY: \_\_\_\_\_; DATE: \_\_\_\_\_  
\$50 CERTIFIED INSTALLERS APPLICATION FEE PAID? \_\_\_\_\_ YES, CHECK # \_\_\_\_\_ OR \_\_\_\_\_ NO  
TEST DATE: \_\_\_\_\_ SCORE: \_\_\_\_\_ PASSED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
LICENSE #: \_\_\_\_\_