



**PENNINGTON COUNTY  
PLANNING DEPARTMENT**  
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PLANNING OFFICE USE ONLY  
CERTIFICATION # \_\_\_\_\_

PLANNING OFFICE USE ONLY  
CERTIFICATION EXPIRATION \_\_\_\_\_

## ON-SITE WASTEWATER TREATMENT SYSTEMS INSTALLER CERTIFICATION FORM

Date	___ / ___ / ___		
Name	_____	Phone (    )	_____
Business	_____		
Address	_____	City	_____
		Zip	_____

Certification requires all of the following\*:

- A Sales or Excise Tax License Number,
- General Liability Insurance,
- South Dakota Plumbing Commission certification for installing on-site wastewater treatment systems, and,
- Passing Score on the OSWTS Installer Exam.

*\*Please see Section 331-P-3 of the Zoning Ordinance*

Sales Tax License Number: \_\_\_\_\_

OR

Excise Tax License Number: \_\_\_\_\_

General Liability Insurance:

Company: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

SD DANR Installer Certification:

Effective Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Installer Exam: Test Score \_\_\_\_\_

I certify that the above is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_