



Serving You, Your Family & Our Community

**SHIAWASSEE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

Application for OWSDS Inspector Certification

Certification Requested: (Check all that apply)	Onsite Water Supply Inspection Certification Onsite Sewage System Inspection Certification
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Applicant Name: Last	First	Middle Initial
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Legal Business Name:

Applicant Street Address:	City:	State:	Zip Code:
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Phone: ()	Fax: ()	Email:
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Business Street Address:	City:	State:	Zip Code:
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Certifications/Registrations/Licenses

(Check All That Apply:) <input type="checkbox"/> Registered Well Driller <input type="checkbox"/> Registered Sanitarian <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Licensed Contractor	(Fill In All Appropriate:) Registration Number _____ Registration Number _____ Registration Number _____ License Number _____
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Education

High School Graduate: Yes No **Name Of High School:** _____
 If No, highest grade completed: _____ City/State: _____
 If Yes, Year Graduated: _____ City/State: _____
G.E.D.: Yes No _____

College: School Name: _____ Year Graduated: _____ Major/Minor: _____	Highest Degree Attained: Associates Bachelors Masters Ph.D.
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Professional Organizations/Affiliations

1. _____ 3. _____
2. _____ 4. _____

Relevant Employment History

Employer Name:	From:	To:
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Street Address:	City:	State:	Zip Code:
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Phone Number: ()

Describe nature of work:

Employer Name:	From:	To:
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Street Address:	City:	State:	Zip Code:
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Phone Number: ()

Describe nature of work:

REFERENCES		
Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:

I affirm that all information contained in this application is true and I understand that any misrepresentation can lead to removal of certification by the Shiawassee County Health Department.

Signature

Date

<u>For Administrative Use Only</u>		
Screening Score:		
<u>Criteria</u>	<u>Well Points</u>	<u>Septic Points</u>
Credentials		
Experience		
Screening Test	_____	_____
Is technical training required for well certification?	Yes	No
Date Completed: _____		
Is technical training required for septic certification?	Yes	No
Date Completed: _____		
Completion dates for core training:		
Well _____	Septic _____	

Shiawassee County Health Department
Environmental Health Division
Onsite Well and Sewage Disposal Systems
Inspector Certification Program

Certified Inspectors operating under the Shiawassee County *Regulation for the Inspection of Onsite Water Supply and Sewage Disposal Systems at Time of Property Transfer* have obligations to conduct this work in an ethical manner.

By signing this agreement, each inspector, and the firm they represent, pledges to conduct their business with a high standard of professionalism, independence, and fairness which is consistent with the following Code of Ethics:

CODE OF ETHICS

- To use discretion concerning matters discovered in the course of an inspection.
- To accept no compensation other than the inspection fee.
- To inform clients, in advance, of the general scope of the work and the fee.
- To do no construction or repair work of any kind for the same property for which they have submitted an inspection report without the approval of the Shiawassee County Health Department.
- To not knowingly disseminate false or misleading information and act promptly to correct erroneous communication for which he or she is responsible.
- To conduct inspections within the protocols established by the Shiawassee County Health Department.
- To review property objectively and without bias either toward the seller or buyer.
- To maintain and increase their level of knowledge regarding new developments in the field of onsite water supply and sewage disposal system inspections.
- To conduct business in a manner that will assure the client of the inspector's independence from outside influences and interest that would compromise the ability to render a fair and impartial opinion on any inspection performed.
- To not represent conflicting or competing interests without the express consent of those concerned, given after a full disclosure of the facts.
- To not place himself or herself in a position where the inspector's personal interest is or may be in conflict with an obligation to an employer, client, or others without full disclosure of such interests to all involved.

- To work with the public at all times and in all manners in a method that is conducive to promoting professionalism, independence and fairness of the inspector, their business, the inspection profession, and the Shiawassee County Health Department.
- To conduct business promotions, and generally conduct marketing activities in a manner that reflects the professionalism, independence, and fairness of the profession and the Shiawassee County Health Department.
- To assist the general public in recognizing and understanding the need for inspections, regardless of whether they are selected themselves to perform the inspection.
- To maintain fairness and integrity in all dealings with other inspectors and other persons performing Point of Sale Inspections.
- Inspectors agree to foster a competitive market in the real estate inspection business, and to refrain from price-fixing.

As a Shiawassee County Certified Onsite Water Supply and/or Sewage Disposal System Inspector, I attest that I will conduct myself according to the practices outlined within this Code of Ethics.

Signed: _____ Date: _____

Printed Name: _____

Certification Number: _____

Witnessed By: _____ Date: _____

Shiawassee County Health Department