



Barry County Health Department
P.O. Box 207
Cassville, MO 65625
417-847-2114 FAX 417-847-2116
www.barrycountyhealth.org

REGISTRATION FORM FOR WASTEWATER PROFESSIONALS

Name: _____

Street Address: _____

City, State & Zip: _____

Phone #: _____ Email address: _____
(Optional)

Profession: please check all that apply

- basic installer
- advanced installer
- tank cleaner
- engineer
- soil scientist

****Anyone responsible for installing (excavating or designing) wastewater treatment systems shall be registered by the Missouri Department of Health and Senior Services prior to obtaining a Barry County installer registration.***

Office Use Only

Date: _____ Amount Rec.: _____

BCHD Registration # _____ DHSS Registration # _____

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