



FLOYD COUNTY BOARD OF HEALTH

PROCEDURES

Supersedes:
06/09/09

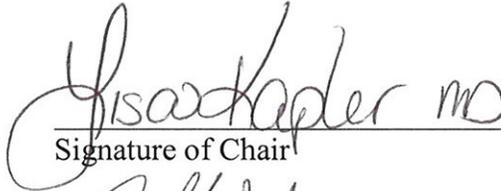
Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 1 of 9

APPROVED BY:

Board of Health


Signature of Chair


Date

County Sanitarian


Signature of County Sanitarian


Date

DISTRIBUTION:

01 – Board of Health

02 – County Sanitarian

EFFECTIVE DATE & HISTORY:

01/01/2008 – Original

10/28/2008 – Revised to include contractor certification requirement

06/09/2009 – Revised to include time of transfer inspection requirements

03/08/2010 – Minor office procedure revisions

NOTE: This is a controlled document with the words "FCBOH PROCEDURE " printed in RED on each page. Any procedure without this stamp affixed (see below) is not a controlled document and will not be updated.



Supersedes:
06/09/09

Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 2 of 9

TABLE OF CONTENTS

Purpose Page 3

References Page 3

Scope Page 3

Policy Definitions/Requirements Page 3

 Locate Page 3

 Percolation Test Page 3

 Publicly Owned Treatment Works Page 4

 Septic Installer Contractor Requirements Page 4

 Soil Analysis Page 4

 Time of Transfer Inspections Page 4

Septic Installer Certification Procedure Page 6

Septic Installation Procedure Page 7

Time of Transfer Inspector Certification Procedure Page 8



Supersedes:
06/09/09

Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 3 of 9

PURPOSE:

To establish a standard for the safe and environmentally sound preparation and installation of septic systems within Floyd County.

REFERENCES:

IAC Chapter 567-69 ‘Private Sewage Disposal Systems’

www.iowadnr.gov/water/septic/index.html

Iowa Code Section 455B.172 & 137

Floyd County Ordinance 137

Floyd County Board of Health Contractor’s Licensing Procedure

Floyd County Board of Health Septic Permitting, Inspection, Time of Transfer & Complaint Procedures

SCOPE:

This procedure applies to all contractors. This procedure must be followed completely for all septic system installations and inspections within Floyd County.

POLICY DEFINITIONS/REQUIREMENTS:

Locate – Call Iowa One Call at 800.292.8989 or 811 for utility locates. Iowa law requires that any person, homeowner, professional, public or private entity, planning any form of excavation within the State of Iowa, must contact the Iowa One Call notification system at least 48 hours prior to excavating. This is a free service. See www.iowaonecall.com for more information.

Percolation test - Is a falling water level procedure to determine the ability of soils to absorb primary treated wastewater.



Supercedes:
06/09/09

Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 4 of 9

Publicly Owned Treatment Works - No private sewage disposal system shall be installed, repaired, or rehabilitated where a publicly owned treatment works (POTW) is available within two hundred (200) feet of any proposed building or exterior drainage facility on any lot or premises which abuts the subject property. When a POTW becomes available within two hundred (200) feet, any building then served by a private sewage disposal system shall be connected to said POTW within a reasonable time frame. When a POTW is not available, every building wherein persons reside, congregate, or are employed shall be provided with an approved private sewage disposal system.

Septic Installer Contractor Requirements –

- A. Any person, firm or corporation desiring to construct, alter, or repair a private sewage disposal system in Floyd County, Iowa, shall first file for a license and approval with the Floyd County Sanitarian or Assistant Sanitarian. See *Floyd County Board of Health Contractor's Licensing Procedure* for additional information.
- B. Effective July 1, 2010, in order to file for a license to install private sewage disposal systems in Floyd County, said person, firm or corporation must be a holder in good standing of an Iowa Onsite Wastewater Association (IOWWA) certification as a Certified Installer of Onsite Wastewater Treatment Systems, Basic or Advanced levels. See *Septic Installer Certification Procedure* below for more information on how to become certified.

NOTICE: All inspections of on-site wastewater treatment systems a/k/a private sewage disposal systems require that an IOWWA Certified Installer be on site during all inspections.

- C. Effective July 1, 2009, the State of Iowa will be implementing a statewide licensing program that will require anyone who works inside the foundation of a house or building to be a certified/licensed plumber. Therefore, no contractor will be allowed to work inside a house or building without providing proof of being a certified/licensed plumber to the County Sanitarian or Assistant Sanitarian.

Soil analysis – Requires digging a 6 foot deep hole with safe access to the bottom of the hole to determine the soil layers for percolation. This analysis is performed in lieu of percolation tests.

Time of Transfer Inspections –

- A. Effective July 1, 2009, prior to any transfer of ownership of a building where a person resides, congregates, or is employed that is served by a private sewage disposal system, the sewage disposal system serving the building shall be inspected. A building that will be demolished without being



FLOYD COUNTY BOARD OF HEALTH

PROCEDURES

Supersedes:
06/09/09

Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 5 of 9

occupied does not require an inspection. A legally binding document verifying that the building will be demolished shall be provided to the County Sanitarian and to the Department of Natural Resources (DNR) for record. In the event that weather or other temporary physical conditions prevent the certified inspection from being conducted, the buyer shall execute and submit a binding acknowledgment with the Floyd County Board of Health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. See *Floyd County Board of Health Septic Permitting, Inspection, Time of Transfer & Complaint Procedures* for additional information concerning the binding acknowledgments, inspection reports, and other documents and when they will be used.

- B. Time of Transfer Inspections shall be conducted by an inspector certified by the Department of Natural Resources (DNR). In order to be a certified time of transfer inspector, an individual shall meet the experience requirements, have successfully completed the inspection course and examination, and have been issued a current certificate by the DNR in accordance with Chapter 69. In order to be certified by taking the inspection course and examination, an individual must have at least two (2) years' experience in the operation, installation, inspection, design or maintenance of private sewage disposal systems or must complete additional coursework before attending the inspection course with testing. The additional coursework shall include, but not be limited to, "Onsite Basics 101" and "Alternative Systems" offered by the Onsite Wastewater Training Center of Iowa. All certificates shall expire on June 30 of even-numbered years and must be renewed every two (2) years in order to stay effective. See *Time of Transfer Inspector Certification Procedure* below for information on how to become certified. Additionally, inspectors must earn 1.2 continuing education units (CEUs) or 12 contact hours during each two-year certification period. Each inspector shall maintain a written record of and notify the DNR of the CEUs earned during the period shown on the application for renewal.
- C. If a private sewage disposal system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, the private sewage disposal system shall be renovated to meet current construction standards, either by the Seller or, by agreement, within a reasonable time period as determined by the County or the DNR, by the Buyer. If the private sewage disposal system is properly treating the wastewater and not creating any unsanitary condition in the environment at the time of the inspection, the system is not required to meet current construction standards. Following the inspection, the inspection form and any related reports shall be provided to the County Sanitarian for enforcement of any follow-up mandatory improvements to the system and to the DNR for record. The Time of Transfer Inspection Report (DNR Form 542-0191) can be found on the Floyd County website at <http://www.floydcoia.org/departments/boardofhealth/forms.asp>. An inspection is valid for a period of two (2) years for any ownership transfers during that period.



Supercedes:
06/09/09

Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 6 of 9

SEPTIC INSTALLER CERTIFICATION PROCEDURE:

1. In order to become a Certified Installer of Onsite Wastewater Treatment Systems, a/k/a private sewage disposal systems, through the Iowa Onsite Wastewater Association (IOWWA), a contractor will need to pass the Certified Installer Onsite Wastewater Treatment Systems (CIOWTS) exam that is offered by the National Environmental Health Association (NEHA). IOWWA does offer a 1½ day installation overview course prior to the CIOWTS exam, however, the course is not a requirement but it is strongly recommended.
2. To apply for the CIOWTS exam, go to www.neha.org/onsite to familiarize yourself with the CIOWTS credential program, to review the eligibility requirements for the Basic and Advanced level, and for a listing of exam dates. After reviewing the information provided in this link and after determining which level best fits you, click on “Apply Now” to download the CIOWTS Credentials Application. The CIOWTS Credentials Application can also be downloaded from the Floyd County Website at: <http://www.floydcoia.org/departments/boardofhealth/forms.asp>, and is attached as Exhibit A.
3. Mail your completed Application with payment to: National Environmental Health Association, Attn: Credentialing Department, 720 S. Colorado Blvd., Ste 1000-N, Denver, CO 80246. The fees for the Basic Level exam are **\$95.00** for an IOWWA member or **\$110.00** for a nonmember. The fees for the Advanced Level exam are **\$110.00** for an IOWWA member or **\$130.00** for a nonmember. This application will have a deadline by which it is submitted so please take notice and govern yourselves accordingly.
4. If you would like to attend the Installation Overview course prior to taking the CIOWTS exam, visit <http://www.iowwa.com/certification.asp> and click on the link for Installation Workshop or Overview Course (name of link subject to change). This link will provide you with the registration form and information for any upcoming Installation Overview courses. The fee for the Installation Overview course is **\$185.00** for an IOWWA or **\$295.00** for a nonmember. An example of the registration form for the Installation Overview course has been attached as Exhibit B.

In addition to registering for the Installation Overview course, it is strongly recommended that you become an IOWWA member, as well. Not only will you receive a reduced rate for the Installation Overview course and CIOWTS exam, but you will also receive notification and a reduced rate for any seminar’s offered by the IOWWA, which will also count as credit toward a certified installer’s CEU’s a/k/a continuing education hours as identified in step 6 below. In order to become an IOWWA member, go to <http://www.iowwa.com/membership.asp> and click on the link for Membership Application. The IOWWA membership fee is **\$90.00** for an individual (1 person) or **\$120.00** for a business membership (1 person) plus **\$50.00** for each additional associate member. The Membership Application can also be found on the Floyd County Website, and is attached as Exhibit C.



Supersedes:
06/09/09

Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 7 of 9

Complete the Installation Overview registration form and the IOWWA membership application and mail them along with appropriate fees to IOWWA, 10927 Lincoln, Des Moines, IA 50325.

- At the time of the exam, you will need to bring a photo ID (i.e. driver's license, passport, etc.), #2 pencils(s), and eraser(s). After the exam is over, you will receive your results within 4-6 weeks. Once you have passed the CIOWTS exam, go to <http://www.iowwa.com/certification.asp> and click on the link for IOWWA Certified Installer Application. This Application can also be found on the Floyd County website, and is attached as Exhibit D. Fill out and submit your Application along with your appropriate fee to IOWWA On Site Waste Water Association, 10927 Lincoln, Des Moines, IA 50325.
- If approved, you will be issued a certificate and certification number, a copy of which will need to be given to the County Sanitarian. *(NOTE: You will receive a certificate from NEHA, however, the IOWWA certificate obtained through step 5 above is separate from the NEHA certificate and is what is required by the County Sanitarian)* All certificates will be for a two year period and each certified installer will be required to have 18 CEUs during that two year period, which will be tracked and reported by the IOWWA if a training seminar is sponsored by them. If a training seminar is not sponsored by IOWWA, it will be the certified installer's responsibility to report CEUs obtained through said training to Alice Vinsand at 515-225-1051.

NOTE: If a certified installer attends the IOWWA conference in Des Moines every year and one additional course offered by IOWWA every two years, they will easily meet the CEU requirements needed during a two year certification period. Additionally, if a certified installer fails to fill out and submit the IOWWA Certified Installer Application listed in step 5 above, IOWWA **will not** keep track of an installer's CEUs and therefore, the certified installer will have to report those directly to NEHA at: <http://www.neha.org/CEweb/CE.asp>. If a certified installer's CEUs are not properly reported, their certification can not be renewed.

SEPTIC INSTALLATION PROCEDURE:

- Contact the Floyd County Sanitarian or Assistant Sanitarian to schedule a site visit. During this visit a location for installation will be agreed upon. A certified installer must be present for said site visit.
- Either a percolation test or soil analysis must be performed prior to the installation of a private sewage disposal system. Either the homeowner or the contractor can perform a percolation test or they can schedule a soil analysis with the Floyd County Sanitarian.
- Obtain a septic permit from the Floyd County Sanitarian or Assistant Sanitarian. The current fee is \$200.00. The septic permit must be obtained prior to any work being performed. All contractors are



Supersedes:
06/09/09

Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 8 of 9

required to be certified, licensed and bonded to perform work in Floyd County. See 'policy/definitions' for more information.

4. A utility locate must be completed prior to any work being performed. See 'policy/definitions' for more information on obtaining a utility locate.
5. Notification must be made to the Floyd County Sanitarian or Assistant Sanitarian one day prior to installation of any septic tank. Call office @ 641.257.6145 or by cell @ 641.330.7440.
6. All septic systems must consist of a minimum of a 1,250-gallon, two-compartment tank, with risers up to the surface. Inlet tees shall extend 6 inches above and 8 inches below the inlet pipe. All outlets are required to have a filter installed and each leach line must have an inspection pipe to the surface.
7. All contractors are required to leave the D-Box and the ends of each leach line open until the County Sanitarian or Assistant Sanitarian can perform an inspection of the leach field, take pictures, and do a GPS locate on the system. Ensure you contact the Sanitarian in advance for availability.
8. **No work is to be performed on a septic system in Floyd County prior to discussion with the County Sanitarian.**

TIME OF TRANSFER INSPECTOR CERTIFICATION PROCEDURE:

1. In order to become a certified time of transfer inspector, an applicant must submit a Certified Time of Transfer Inspector Application (DNR Form 542-0192) to the Department of Natural Resources (DNR). Visit <http://www.wastewatertraining.com> and click on the link for NEWS to download information regarding the time of transfer inspection program, the Certified Time of Transfer Application, and a list of upcoming training and exam dates. This information can also be downloaded from the County Website at <http://www.floydcoia.org/departments/boardofhealth/forms.asp>. Once the application is filled out, the applicant must attach a certificate of attendance of the "Basic 101" or list his/her two (2) years of experience on said application and return same to Iowa Dept of Natural Resources, Time of Transfer Inspector Certification, 502 E. 9th Street, Des Moines, IA 50319-0034. If an applicant needs to attend "Basic 101" prior to filling out the Certified Time of Transfer Inspector Application, they can visit <http://www.wastewatertraining.com> and click on the link for Workshops for an application and information on upcoming training seminars.
2. Once the DNR receives the Certified Time of Transfer Inspector Application, they will generate a letter of eligibility that the applicant will need in order to register for the Inspector



FLOYD COUNTY BOARD OF HEALTH

PROCEDURES

Supersedes:
06/09/09

Effective Date:
03/08/10

P-01: SEPTIC SYSTEM INSTALLATION

Page 9 of 9

Training courses. Once an applicant receives their letter of eligibility, they will need to visit <http://www.wastewatertraining.com> and click on the link for Inspector Training for a list of upcoming training courses and to register for the course that fits their schedule.

3. If an applicant passes the Inspector Training class and exam, they will receive a \$50.00 invoice for the test fee and a \$300.00 invoice for the certification fee. Once the DNR receives payment, they will issue a Certificate to the applicant, a copy of which needs to be provided to the County Sanitarian or Assistant Sanitarian. All inspectors will need to earn 1.2 continuing education units or 12 contact hours during each two (2) year certification period. See 'policy/definitions' for more information.



Application for Certified Installer Onsite Wastewater Treatment Systems (CIOWTS) Credentials

Rev. 10/09

Step 1. Name and Address of Applicant *(Please print or type.)*

Name: _____

Business Name: _____

Business Address: _____
Street Address

Business Address: _____
City ST Zip Code

Home Address: _____
Street Address

Home Address: _____
City ST Zip Code

Daytime Telephone: _____ Home Telephone: _____

Fax Number: _____ E-mail: _____

NEHA/NOWRA Membership Number (if applicable): _____ Preferred Address to Receive Mail: Business
 Home

Step 2. NEHA Credential Options, Fees and Payment Information *(Please "X" one below.)*

<u>Credential Name</u>	<u>Exam Fee Member</u>	or	<u>Exam Fee Non-Member =</u>	<u>Total</u>
___ Certified Installer of Onsite Wastewater Treatment Systems BASIC LEVEL	\$95	or	\$110	___
___ Certified Installer of Onsite Wastewater Treatment Systems ADVANCED LEVEL	\$110	or	\$130	___
___ YES! I would like to join NEHA and take advantage of the member fees above. In addition to the enclosed credential fee(s) payment, I have included my \$95 yearly membership fee.				___
___ I wish to take the exam within four weeks of this application. I have enclosed a \$25 expedite fee for this service.				___
___ I choose to take the exam on computer at a Pearson VUE testing center. I have enclosed the additional fee of \$100.00 for this service.				___
			TOTAL	___

Payment Options:

___ Check/Money Order (make payable to NEHA) ___ Visa or Mastercard *(circle one)*

Credit Card # _____ Exp.: _____

Signature: _____

Refund Policy: There is a \$25 non-refundable processing fee if you choose not to take the examination.

*NOTE: For both the BASIC and ADVANCED levels of the credential, you must meet the criteria listed as 1 below. For the ADVANCED LEVEL, you must also meet criteria 2 and 3. If you do not meet the criteria, you cannot check this option.

CRITERIA: You must:

- 1) be 18 years old;
- And (FOR ADVANCED LEVEL ONLY)
- 2) have a high school diploma or GED; and
- 3) complete the Work Experience Verification Form.

Step 3. Administration Options (Please select "A" or "B" below, and fill out the requested information.)

- OPTION ONE – NATIONAL CONFERENCE.** The exam is administered each year at the NEHA Annual Educational Conference and Exhibition in June. For more information please visit www.neha.org.
- OPTION TWO – STATE AFFILIATE/REGIONAL MEETING TEST DATE.** NEHA will make arrangements with state affiliates or groups planning to test candidates at their meetings throughout the year.

Name of Meeting: _____

Exam Date: _____

- OPTION THREE – COMPUTER TESTING AT PEARSON VUE.** These exams are available on computer at Pearson VUE testing centers in the United States. For this option an additional fee of \$100.00 will apply. Please include the \$100.00 fee with your exam and application fees to NEHA. For information regarding the center nearest you, please visit www.pearsonvue.com/neha or contact the NEHA Credentialing Department at (303) 756-9090 ext. 339 or ext. 337.

Step 4. Proof of High School Diploma/GED

Please provide proof of high school diploma or GED completion (i.e. copy of high school diploma/GED or copy of high school transcripts)

Step 5. Statement of Affirmation

I, _____, do solemnly swear and affirm that I am the applicant named in this application; that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect, and are made in good faith.

X _____
Signature of Applicant

_____ Date

Step 6. NEHA Code of Ethics for NEHA Credentialed Professionals

As an environmental professional, credentialed by the National Environmental Health Association, I hereby acknowledge, accept, and profess to abide by the following code of conduct and ethics:

- As long as my credential is in an active status, I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I will proudly represent my credentialed status and the credential itself to my professional peers, and to the public I serve.
- In the course of performing my duties, I will conduct myself in a professional manner befitting of my credentialed status.
- For the sake of elevating the recognition and status of my field, I will actively encourage my professional colleagues to consider earning this credential for themselves.
- I will do nothing to undermine, detract from, or otherwise cause to develop any damaging associations with respect to this credential. I accept that any activity on my part that will cause this credential any measure of injury serves as a breach and a failure on my part to uphold this code of ethics. Moreover, I accept that such action, for which I might be responsible, could result in the revocation of my credential.
- I commit that my professional goal is to serve humankind by doing whatever I am able to do in the course of carrying out my professional responsibilities to maintain and provide a healthful environment for all.

X _____
Signature of Applicant

_____ Date

Step 7. Work Experience Verification Form (REQUIRED FOR ADVANCED LEVEL ONLY).

The following form must be signed by a **third party** to be used to verify a minimum of two (2) years work experience in installation of onsite wastewater treatment systems by the applicant. Verifications may be provided by a supervisor, human resources department, local/county/state health department, or a CIOWTS certified co-worker that works with you. May be faxed to NEHA at 303-691-9490.

I verify that _____ has a minimum of two (2) years work experience
(Applicant's Name)
in installation of onsite wastewater treatment systems.

Please note: Individuals providing verification of work experience may be contacted by NEHA during a random application audit.

Person verifying applicant's work experience in installation of wastewater treatment systems please complete the following:

NAME (Print full name)

TITLE

NAME OF COMPANY

STREET ADDRESS

CITY, STATE, ZIP CODE

DAYTIME TELEPHONE

EMAIL ADDRESS

SIGNATURE

DATE

Step 8. Demographic Survey

The demographic survey questions that follow must be answered in order to complete processing your application. Your answers will provide NEHA with valuable demographic information that will be utilized to further enhance our credentialing programs. If you do not complete the following questions, your application will be considered incomplete.

Please respond to all questions by checking the appropriate box(es). Mark only one answer per question, except where otherwise indicated. Please note: All of your answers will be kept confidential. Answers to your questions in no way effect your exam eligibility.

1. Which credential are you applying for?

CIOWTS Basic CIOWTS Advanced

2. Sex: Male Female

3. Age: 18 – 24 25 – 30 31 - 39
 40 - 49 50 - 59 60 and over

4. In which state do you work?

AK	HI	ME	NJ	SD	WY
AL	IA	MI	NM	TN	
AR	ID	MN	NV	TX	PR
AZ	IL	MO	NY	UT	Other
CA	IN	MS	OH	VA	
CO	KS	MT	OK	VT	
CT	KY	NC	OR	WA	
DE	LA	ND	PA	WA DC	
FL	MA	NE	RI	WI	
GA	MD	NH	SC	WV	

5. Highest academic degree held:

High school diploma/GED	Masters Degree
Associate Degree	Doctorate Degree
Baccalaureate Degree	

6. Which best matches your current employment?

Government agency/dept	Environmental for Profit	University/academic	Military
State agency/dept	Environmental Not for Profit	Industrial/Factory	Other
Local Health Department	Own company		

7. What title would most accurately describe your current employment?

Trainee	Laborer	Supervisor/Manager	Equipment Operator
Field Inspector	Engineer	Owner	
Other _____			

8. How many years experience do you have working in the field of onsite wastewater?

less than 2 years	5 – 9 years	16 –20 years
2 – 4 years	10 – 15 years	over 21 years

Step 9. Checklist for Credential Application *(Please place a check mark in all boxes that apply.)*

ALL CREDENTIAL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- Completed Application (Steps 1 through 9 must be completed. Applications that are incomplete are subject to delay in processing. If you need help in completing the application, please contact NEHA at 303-756-9090, ext. 339 or ext. 337 or e-mail credentialing@neha.org)
- Exam Fee
- Demographic Survey

IN ADDITION TO THE ABOVE, YOU MUST ALSO INCLUDE THE FOLLOWING FOR THE SPECIFIC CREDENTIAL YOU ARE APPLYING:

A. CIOWTS – Basic Level

- Proof of age (i.e. Copy of Driver's license or birth certificate)

B. CIOWTS – Advanced Level

- Proof of High School Diploma or GED
- Proof of age (i.e. Copy of Driver's license or birth certificate)
- Completed Work Experience Verification Form

Step 10. Mail your completed application with payment to:

National Environmental Health Association, Attn: Credentialing Department, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246. If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at Phone: 303-756-9090, ext. 337 or ext. 339; Fax: 303-691-9490, E-mail: cnewlin@neha.org, Internet: www.neha.org.



IOWA ON-SITE WASTE WATER ASSOCIATION

2010 MEMBERSHIP APPLICATION

Membership year is from date joined through year-end 2010

(Please type or print clearly)

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Iowa County: _____

Phone: _____ Fax: _____

2010 IOWWA Membership - All activities sponsored by IOWWA include member / non-member fees.

"Individual - \$90.00" - For only one (1) active person from any sized company/government business.

\$90.00 - 2010 Individual Membership - one person only

Name: First _____ Last _____

EMAIL: _____

"Business - \$120.00" - For any company/government business with multiple staff who require membership. One (1) *key person will receive the IOWWA Septic News newsletter. Associate memberships (\$50/each) from the same company (no limit) will be able to attend functions at the member rate.

\$120.00 - 2010 Business + unlimited additional associate memberships @ \$50.00/each

*Key person: Name: (first) _____ (last) _____

EMAIL: _____

Associates (\$50.00/each) – no limit for associate memberships within the same company

Name: First _____ Last _____

Name: First _____ Last _____

Name: First _____ Last _____

Membership year is from date joined through year-end 2010 and includes **National Onsite Wastewater Recycling Association (NOWRA) membership (\$40) & IOWWA scholarship support (\$5) for individual membership or key person only.

Contributions to IOWWA are not deductible as charitable contributions for federal income tax. Dues payments may be deductible as an ordinary and necessary business expense. Consult your tax advisor for information.

Mark the profession that most closely represents your involvement in the onsite wastewater industry

Please select only one: Contractor Manufacturer Maintenance Regulator Other

MEMBERSHIP PAYMENT:

Credit Card (Visa/MasterCard only) complete ALL items - form can be faxed to 515-225-8187

Credit Card # _____ Exp. Date: ____/____/____ Amt: \$ _____

Authorized Signature: _____

Cardholder email if different from above: _____

Check payable to "IOWWA". Mail membership application and your check to:

IOWWA, C/o Alice Vinsand, Inc., Executive Director
10927 Lincoln, Des Moines, IA 50325

For questions, call 515-225-1051 or email Shirley@avinsandinc.com
Website www.IOWWA.com. IOWWA EIN # 42-1483264

2010 mbr application

Iowa Onsite Waste Water Association

Installation Overview – March 26-27, 2010 / NEHA CIOWTS Testing – March 27, 2010

- Location:** Leonard Good Community Center, Ogden IA
Directions: Located at the corner of West Walnut Street and SW 8th Street. Highways 169, 30 and P70 provide easy access from all directions – <http://www.ogdeniowa.net/lgcc.html>
Lodging: **The Baymont Inn & Suites Boone**, 1745 SE Marshall, Hwy 30 & Linn Street, Boone, IA
Phone: (515) 432-8168 (9 miles east of Ogden IA)

Certified Installer Onsite Wastewater Treatment System (CIOWTS) Test Overview

Fri., March 26 - Continental breakfast 7:30 AM / Pre-test Workshop: 8:00 AM – 5:00 PM

Sat., March 27 - Continental breakfast 7:30 AM / Pre-test Workshop: 8:00 AM – 2:00 PM

- Break from end of overview until test check-in

Dave Gustafson, University of Minnesota and Bob McKinney, River to River Onsite Septic Solutions, will provide instruction prior to taking the NEHA test. **The Overview is available for the benefit of those taking the NEHA test and is separate from the CIOWTS Test Application and fees.** You do not need to attend the Installation Overview to sit for the NEHA CIOWTS test on Saturday afternoon. Please be sure and bring a small hand-held calculator.

Installation Overview Fee (registration page 2):

IOWWA members - \$185.00

Non-member fee - \$295.00

For Installation Overview **registration questions** contact Alice Vinsand, Executive Director, IOWWA

Phone: (515) 225-1051 or Email: Shirley@avinsandinc.com

*Non-members – the 2010 IOWWA membership application is available at www.iowwa.com – print and complete

NEHA CIOWTS Test – March 27, 2010 - Sat. March 27, Check-in from 2:15 to 2:45 PM

Exam instructions at 2:45 PM / Test will start at 3:00 PM – Basic or Advanced Test

You must personally apply to NEHA to take the exam (for the Basic or Advanced). The CIOWTS test application can be downloaded at www.neha.org/onsite or contact Doug Bird (319) 352-0332/Email: lbird@co.bremer.ia.us or Alice Vinsand (515) 225-1051/Email: shirley@avinsandinc.com.

NOTE: As a member of IOWWA you do NOT need to join NEHA to use the NEHA “member” fee rate.

The NEHA Application and testing fee **MUST BE SUBMITTED DIRECTLY TO NEHA** per instructions on the last page of the Test Application prior to **FEBRUARY 27, 2010**. Incomplete applications delay processing your test application approval.

NEHA Exam Fee:

***IOWWA members - \$95.00 basic / \$110.00 advanced**

Non-members - \$110.00 basic / \$130.00 advanced

Call NEHA if you have any questions about the CIOWTS test application - (303) 756-9090, ext 339 or ext 337

Notes for the NEHA CIOWTS Test Application:

- Be sure you sign Step 5 & Step 6 (Step 7 is not needed for Basic.)
- High School Diploma is not necessary for the Basic test — it “is” for Advanced
- Your application **MUST** be received before FEBRUARY 27, 2010 at the NEHA office.
- If it is getting close to the deadline date, call NEHA so other arrangements can be made.
- If you have questions regarding the exam you need to call NEHA at 303-756-9090, ext 339 or ext 337.

1. **Your NEHA Test Application and test fee MUST be sent directly to NEHA.**
2. **Your Installation Overview registration form must be sent to the IOWWA office. Please do not include the NEHA test application fee with your Installation Overview Registration.**
3. **There is NO on-site registration/submission of the NEHA application since materials have to be ordered ahead of time. A confirmation letter will be sent to you from NEHA prior to the test date.**

Iowa Onsite Waste Water Association
CIOWTS TEST OVERVIEW – March 26 – 27, 2010
REGISTRATION FORM

Use a separate registration form for each person attending - duplicate as needed.

NOTE: Your NEHA application and test fee MUST be sent directly to NEHA with your application.
Do not include the NEHA fee with your Installation Overview Registration.

Installation Overview Fee:

- 2010 IOWWA member - \$185.00 Non-member fee - \$295.00

This fee covers facility rental and other installation overview registration expenses.
It also includes speaker travel, hotels, expenses and honorariums.
Speaker expenses include Informational Study booklet, two lunches, breakfast, four breaks.

Pre-registration for the Installation Overview is required.

Please check one: 2010 IOWWA Member: _____ **Non-Member: _____		
Attendee: (First) _____ (Last) _____		
Representing (company): _____		
Address: _____		
City _____	State _____	Zip _____
Telephone #: _____		
Fax: _____		
Email: _____		
<p>** IOWWA Membership is renewed annually (January – December each year). 2010 Membership Application is available at www.iowwa.com – print out and complete.</p>		

INSTALLATION OVERVIEW REGISTRATION PAYMENT (IOWWA--EIN# 42-1483264)

- Credit Card payment (Visa/MasterCard only)** complete ALL items - form can be faxed to **515-225-8187**
Credit Card # _____ Exp. Date: ____/____ Amt to Process: \$ _____
Authorized Signature: _____
Cardholder email if different from above: _____

- Send this Installation Overview registration form and your check payable to "IOWWA" to:**
IOWWA
10927 Lincoln, Des Moines, Iowa 50325

Location: Leonard Good Community Center, Ogden IA, <http://www.ogdeniowa.net/lgcc.html>
Directions: Located at the corner of West Walnut Street and SW 8th Street. Highways 169, 30 and P70 provide easy access from all directions – <http://www.ogdeniowa.net/lgcc.html>
Lodging: The Baymont Inn & Suites Boone, 1745 SE Marshall, Hwy 30 & Linn St., Boone, IA, Phone: (515) 432-8168 (9 miles east of Ogden IA)

For registration questions contact Alice Vinsand, Executive Director, IOWWA
515-225-1051, Fax: 515-225-8187, E-mail: Shirley@avinsandinc.com



Iowa Onsite Wastewater Association

2010 APPLICATION FOR IOWWA CERTIFIED INSTALLER

Please type or print

Name: _____

Employer or Business: _____

Street Address or P.O.Box: _____

City / State / Zip Code: _____

Phone Number: _____ Email: _____

Please **X** the following that are applicable:

- I have included a copy of my NEHA letter
- I have read and agree to abide by the Code of Ethics for IOWWA Certified Installers and have attached a signed copy
- I am a current IOWWA member. Member ID # _____
- *I wish to become an IOWWA member to take advantage of the member fees listed below and have enclosed my membership application.
- I do not wish to become an IOWWA member at this time
- I wish to become an IOWWA Certified Installer for 2010/2012 (Member fee \$50.00; Nonmember fee \$75.00)

Amount enclosed	IOWWA Membership fee (per application)	\$ _____
	IOWWA Certified Installer Member	\$50.00 _____
	Non-Member	\$75.00 _____
	Total \$	_____

Payment options (check one)

____ Check or Money Order Payable to IOWWA (mail to address noted below)

____ Credit Card payment (Visa/MasterCard only) – complete ALL items. Form can be faxed to 515-225-8187

Visa/MasterCard Only # _____ Expire Date: ____/____

Cardholder: _____ Credit Card Payment Amount: \$ _____

Cardholder Email (if different from above contact email): _____

Applicant Signature: _____ **Date:** _____

Final approval of Certified Installer status will be at the discretion of the IOWWA Board

IOWWA ON SITE WASTE WATER ASSOCIATION, 10927 LINCOLN, DES MOINES, IA 50325
Alice Vinsand, Executive Director, Ph: 515-225-1051; Fax 515-225-8187
Certification Chairman: Doug Bird, Bremer County, Ph 319-352-0332; Fax 319-352-5721

Revised 12/22/09