

THE COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT
DEPARTMENT OF PUBLIC HEALTH
www.allencountyhealthdepartment.org
219 E. MARKET STREET * P.O. BOX 1503 * LIMA, OHIO 45802-1503
PHONE 419-228-4457 * FAX 419-224-4161

APPLICATION FOR REGISTRATION
SEPTAGE HAULER

I, _____ PHONE: _____

d.b.a. _____ PHONE: _____

ADDRESS _____ CITY _____ ZIP CODE _____

hereby apply to be registered with the Combined Allen County General Health District Board of Health as a Septage Hauler for the year 2014.

I agree to maintain and operate suitable equipment to remove and transport the contents of sewage tanks and/or privy vaults in a sanitary manner and dispose of the collected wastes (septage) at the following approved facilities: Please mark with an (X) where you dump.

_____ ADA (HARDIN COUNTY)

_____ DELPHOS

_____ LIMA

_____ BLUFFTON

_____ OTHER _____
(Provide location)

_____ WAPAKONETA (AUGLAIZE CO.)

The registration fee for a Septage Hauler shall be \$125.00 for one calendar year. In addition to this registration fee a permit fee for each Septage Hauler vehicle shall be \$25.00. The total for a company with one truck shall be \$150.00. A **new Original Bond** in the penal sum of \$10,000 must accompany this application before Registration will be made. **Continuation Bonds will not be accepted this year.**

APPLICANT'S SIGNATURE _____ DATE _____

VEHICLE DISCRIPTION AND INFORMATION: (Write additional vehicles on reverse of this form)

Make or Model #1 _____ Year _____ Ohio License # _____

Size of Transporting Tank _____ Gallons

Make or Model #2 _____ Year _____ Ohio License # _____

Size of Transporting Tank _____ Gallons

Make or Model #3 _____ Year _____ Ohio License # _____

Size of Transporting Tank _____ Gallons

OFFICE USE ONLY

Date Received _____ () New () Registered Last Year () Fee () Bond

Receipt No. _____ Date Registration Issued _____ Registration No. _____

Check No. _____ Cash \$ _____ Authorized By _____

Remarks _____

