

THE COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT
Department of Public Health
www.allencountyhealthdepartment.org
219 E. Market Street * P.O. Box 1503 * Phone (419) 228-4457 * FAX (419) 224-4161
Lima, Ohio 45802

APPLICATION FOR REGISTRATION
“SERVICE PROVIDER” HOUSEHOLD SEWAGE TREATMENT SYSTEMS

I, _____ PHONE: _____

D.B.A. _____ PHONE: _____

ADDRESS _____ CITY _____ ZIP CODE: _____

hereby apply to be registered as a “Service Provider of Household Sewage Treatment Systems, or parts thereof”, in the Combined Allen County General Health District for the year of 2014.

I agree to abide with all laws, rules, regulations, and specifications governing the repair and design, of household sewage treatment systems.

A registration fee of \$125.00 must accompany this application before registration will be made.

This application and fee is due during the month of December 2013, if you intend to be registered as a Service Provider of household sewage treatment systems in the Combined Allen County General Health District during the year of 2014.

You may request and pick-up the laws, rules, regulations, specifications, design and location of individual sewage treatment systems at this office. Laws and rules are available at www.odh.state.oh.us.

If you have any questions pertaining to registration requirements, please contact our office.

DATE: _____ APPLICANTS SIGNATURE _____

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Office Use Only

DATE RECEIVED _____; () NEW () REGISTERED LAST YEAR () FEE

RECEIPT # _____; DATE REGISTRATION ISSUED _____ REGISTRATION # _____

CHECK # _____; CASH \$ _____ AUTHORIZED BY _____

REMARKS: _____