

**THE ALLEN COUNTY COMBINED HEALTH DISTRICT  
DEPARTMENT OF PUBLIC HEALTH  
www.allencountypublichealth.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 \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

hereby apply to be registered with the Allen County Combined Health District Board of Health as a Septage Hauler for the year 2018.

I agree to abide with all the laws, rules and regulations and 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 an Ohio EPA approved facility: Please mark with an (X) where you dump.

\_\_\_\_\_ ADA (HARDIN COUNTY) \_\_\_\_\_ DELPHOS \_\_\_\_\_ LIMA \_\_\_\_\_ BLUFFTON \_\_\_\_\_  
OTHER \_\_\_\_\_ (Provide location) \_\_\_\_\_ WAPAKONETA (AUGLAIZE CO.)

All of the following items are needed to be registered in the State of Ohio and Allen County Public Health. Please enclose your registration fee and copies of the following:

1. The registration fee for a Septage Hauler Business 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 pay \$150.00.
2. Proof of compliance with testing requirements
3. Proof of compliance with any system specific training, if required
4. Proof of General Liability Insurance of not less than \$500,000.
5. Proof of completion of at least 6 continuing education hours within the previous year
6. Proof of Surety Bond: refer to bonding chart on the reverse side of this application
7. Completed Contact Information Sheet
8. Vehicle description information on back

If you have any questions pertaining to registration requirements, laws, rules, regulations, specifications, the design and location of individual sewage treatment system, please contact our office or visit our web page at [www.allencountypublichealth.org](http://www.allencountypublichealth.org)

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OFFICE USE ONLY

Date Received \_\_\_\_\_ ( ) New ( ) Registered Last Year ( ) Fee ( ) Bond

Receipt No. \_\_\_\_\_ Date Registration Issued \_\_\_\_\_ Registration No. \_\_\_\_\_

Check No. \_\_\_\_\_ Cash \$ \_\_\_\_\_ Authorized By \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

**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

**Make or Model #4** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #5** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #6** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #7** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #8** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons