

**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 \_\_\_\_\_

hereby apply to be registered with the Allen County Combined Health District Board of Health as a Septage Hauler for the year 2015.

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.

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

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**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

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**OFFICE USE ONLY**

Date Received \_\_\_\_\_ ( ) FEE ( ) ODH REGISTRATION REQUIREMENTS

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

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

Remarks \_\_\_\_\_

\_\_\_\_\_