

THE ALLEN COUNTY COMBINED HEALTH DISTRICT
Department of Public Health
www.allencountypublichealth.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 Allen County Combined Health District for the year of 2015.

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. You must also submit a copy of the certificate from the manufacturer for each type of system you are certified for installing and/or servicing.

This application and fee is due during the month of December 2014, if you intend to be registered as a Service Provider of household sewage treatment systems in the Allen County Combined Health District during the year of 2015.

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 _____; () FEE () ODH REGISTRATION REQUIREMENTS

RECEIPT # _____; DATE REGISTRATION ISSUED _____ REGISTRATION # _____

CHECK # _____; CASH \$ _____ AUTHORIZED BY _____

REMARKS: _____