

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**  
**“INSTALLER” HOUSEHOLD SEWAGE TREATMENT SYSTEMS**

I, \_\_\_\_\_ PHONE: \_\_\_\_\_

D.B.A. \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

hereby apply to be registered as an “Installer 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 installation, alteration, design, construction and location of household sewage treatment systems, and only install or alter a household sewage treatment system after plans have been approved and a permit issued to perform the work, by the Board of Health.

A registration fee of \$150.00 must accompany this application before registration will be made.

This application and fee is due during the month of December 2014, if you intend to be registered to install or alter household sewage treatment systems in the Combined Allen County General Health District during the year 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](http://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: \_\_\_\_\_