

APPLICATION FOR REGISTRATION
SEPTAGE HAULER

I, _____ PHONE: _____

d.b.a. _____ PHONE: _____
(COMPANY NAME)

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 2016.

I agree to abide with all 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 _____ WAPAKONETA (AUGLAIZE CO.)
(Provide location)

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 of \$125.00 for one calendar year. (In addition \$25.00 for each septage hauler vehicle shall be \$25.00; a company with one truck pays \$150.00) made payable to Allen County Public Health
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 the 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

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.

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**

OFFICE USE ONLY

Date Received _____ () FEE () ODH REGISTRATION REQUIREMENTS

Receipt No. _____ Date Registration Issued _____ Registration No. _____

Check No. _____ Cash \$ _____ Authorized By _____

Remarks: _____