

ALLEN COUNTY COMBINED HEALTH DISTRICT
219 E. Market Street * P.O. Box 1503 * Lima, OH 45802-1503
Phone (419) 228-4457 * FAX (419) 224-4161
www.allencountypublichealth.org

APPLICATION FOR REGISTRATION
"SERVICE PROVIDER" SEWAGE TREATMENT SYSTEMS

I, _____ PHONE: _____

D.B.A. _____ PHONE: _____
(COMPANY NAME)

ADDRESS _____ CITY _____ ZIP CODE: _____

DATE: _____ APPLICANTS SIGNATURE _____

hereby apply to be registered as a "Service Provider of Sewage Treatment Systems, or parts thereof", in the Allen County Combined Health District for the year of 2016.

I agree to abide with all laws, rules, regulations, and specifications governing the repair and design, of any sewage treatment system.

This application and fee is due the month of December 2015 if you intend to be registered to provide service to sewage treatment systems in the Allen County Combined Health District during the year 2016.

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 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 sheet

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.

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Office Use Only

DATE RECEIVED _____; () FEE () ODH REGISTRATION REQUIREMENTS

RECEIPT # _____; DATE REGISTRATION ISSUED _____ REGISTRATION # _____

CHECK # _____; CASH \$ _____ AUTHORIZED BY _____

REMARKS: _____