

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 _____

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 2020.

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

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 for a Septage Hauler Business 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 pay \$150.00.
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 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 and vehicle description information on back.

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

OFFICE USE ONLY

Date Received _____ () New () Registered Last Year () Fee () Bond

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

Check No. _____ Cash \$ _____ Authorized By _____

Remarks _____

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

Make or Model #4 _____ Year _____ Ohio License # _____

Size of Transporting Tank _____ Gallons

Make or Model #5 _____ Year _____ Ohio License # _____

Size of Transporting Tank _____ Gallons

Make or Model #6 _____ Year _____ Ohio License # _____

Size of Transporting Tank _____ Gallons

Make or Model #7 _____ Year _____ Ohio License # _____

Size of Transporting Tank _____ Gallons

Make or Model #8 _____ Year _____ Ohio License # _____

Size of Transporting Tank _____ Gallons