

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
"INSTALLER" SEWAGE TREATMENT SYSTEMS

I, _____ PHONE: _____

DBA _____ PHONE: _____
(COMPANY NAME)

ADDRESS _____ CITY _____ ZIP CODE _____

APPLICANT'S SIGNATURE _____ DATE _____

Here by apply to be registered as in "Installer of Sewage Treatment Systems, or parts thereof, "in the Allen County Combined Health District for the year 2020.

I agree to abide with all the laws, rules and regulations, and specifications governing the installation, alteration, design, construction and location of sewage treatment systems, and only install or alter a sewage treatment system after plans have been approved and a permit issued to perform the work by the Board of Health.

This application and fee is due during the month of December 2019 if you intend to be registered to install or alter sewage treatment systems in the Allen County Combine Health District during the year of 2020.

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 \$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 completion of at least 6 continuing education hours within the previous year
6. Proof of Surety Bond
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

OFFICE USE ONLY

Date Received _____ () FEE () ODH REGISTRATION REQUIREMENTS

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

Check No. _____ Cash \$ _____ Authorized By _____

Remarks _____
