



APPLICATION FOR REGISTRATION
"INSTALLER" OF SEWAGE TREATMENT SYSTEMS

I, _____ Phone: _____

D.B.A. _____ Business Phone: _____
(COMPANY NAME)

ADDRESS _____ CITY _____ ZIP CODE: _____

Hereby apply to be registered as a "Installer of Sewage Treatment Systems, or parts thereof", in the Allen County Combined Health District for the year of 2023.

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

DATE: _____ APPLICANTS SIGNATURE _____

All of the following items are needed to be registered in the State of Ohio and Allen County.
Please do not submit application without all of the following ITEMS REQUIRED:

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 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

ALL REQUIREMENTS DUE BY DECEMBER 30, 2022

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 # _____; DATE REGISTRATION ISSUED _____ REGISTRATION # _____

CHECK # _____; CASH ____ CC ____ AUTHORIZED BY _____



Public Health
Prevent. Promote. Protect.

219 E. Market Street, P.O. Box 1503, Lima, Ohio 45802-1503 | Phone: 419-228-4457 | Fax: 419-224-4161

An Equal Opportunity Employer and Provider of Services Serving All Allen County Including the Cities of Lima & Delphos



ALLEN COUNTY PUBLIC HEALTH

Allen County Combined Health District

Number of Systems (annually)	Installer		Service Provider		Septage Hauler	
	HSTS	SFOSTS	HSTS	SFOSTS	HSTS	SFOSTS
One System	Equal to System Cost	\$25,000.00	N/A	\$25,000*	\$25,000.00	\$25,000.00
More than one system	\$40,000.00		\$25,000*		\$25,000	
* STS service provider bond requirement reduced to \$15,000 for service providers with dual registration as STS installer and STS service provider.						