



ALLEN COUNTY PUBLIC HEALTH

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

APPLICATION FOR REGISTRATION AS A "SERVICE PROVIDER" OF SEWAGE TREATMENT SYSTEMS

PLEASE PRINT LEGIBLY

I, _____ Cell Phone: _____

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

ADDRESS _____ CITY _____ ZIP CODE: _____

EMAIL _____

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 2024.

I agree to abide with all laws, rules, regulations, and specifications governing the repair and design, evaluations and inspections 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 \$125.00 made payable to Allen County Public Health
Payment can also be paid online thru our website. Please choose "Sewage Licenses"
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 C.E.U.'S 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 (included)

**In previous years registration cards were mailed once the applications were approved, to help cut down on unnecessary paperwork please let us know if you need registration cards.*

ALL REQUIREMENTS DUE BY DECEMBER 29, 2023

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 _____ CHECK # _____ CASH ___ CC _____ RECEIPT # _____

DATE REGISTRATION ISSUED _____ REGISTRATION # _____

AUTHORIZED BY: _____





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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.

