



HARRISON COUNTY
General Health District

538 North Main Street • Suite G • Cadiz, OH 43907-1282
 Phone: (740) 942-2616 • Fax: (740) 942-9331
 E-mail: harrcohd@odh.ohio.gov

**APPLICATION FOR SEWAGE TREATMENT SYSTEM
 SERVICE PROVIDER REGISTRATION FEE: \$225.00**

I, the undersigned, herewith make application for registration to service and/or repair household sewage treatment systems that are considered AT RISK SYSTEMS and include NPDES, HAU(aeration), Low Pressure Drip, Trickle (Drip) Irrigation, Spray Irrigation, Mound, Lift Stations, Outflow Filter, Filter Bed, Alternative Treatment Systems, High Level Alarms, or part thereof in Harrison County, Ohio according to the Harrison County Sanitary Sewage Code, Chapter 3701-29 Effective January 1, 2015. A registrant that is a partnership, corporation, or other business association, shall designate one partner, officer, or other responsible full-time employee who shall be the company's representative registrant.

Business Name	
Name of Owner or Operator	
Business Street Address	
City, State, and Zip	
Business Phone	Home / Cell Phone

The following may be submitted at registration and will be provided in our list of registered providers:

General Liability Insurance (\$500,000): YES / NO

Bond Form (\$25,000): YES / NO State Exam Taken and Passed (provide proof): YES / NO

Bond Form (\$15,000): YES / NO – Also Bonded As An Installer.

Demonstration of Competency (provide proof):
 Registered through OWHA
 Registered through (NAWT) O&M
 Completed 6.0 CEHs per year approved by ODH

I further agree that if granted registration, I will abide by the provisions set forth in the Harrison County Sanitary Sewage Code, Chapter 3701-29 inclusive. Under 3701-29-03 every registrant shall warrant that the STS has been serviced in accordance with all applicable rules, layout, and/or design specifications. Every registrant shall maintain and submit to the board of health monthly collection data which will include Name, Address, Type of Unit Serviced, and Serviced performed. This information is required to determine compliance with rules 3701-29-1 to 3701-29-23. I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	DATE
TITLE OF APPLICANT	

DO NOT WRITE BELOW THIS LINE

Date Application Received	<input type="text"/>	Amount Paid	<input type="text"/>
Permit Number	<input type="text"/>	Permit Valid from	<input type="text"/>
		to	<input type="text" value="December 31, 2016"/>

Application Approved: _____ **Date:** _____



Public Health

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Please list any certification, training, qualification conditions for a component or system you hold in the space provided below. Please provide copies of certifications etc. as proof of compliance.

Manufacturer of Component/System	Mailing Address and Phone Number where obtained	Date Obtained	Expiration Date

Provide a list of other Sewage Treatment Systems capable of servicing and maintaining:

Do you offer service contracts for owners of NPDES and other specialty systems: YES / NO

I further agree that if granted registration, I will abide by the provisions set forth in the Harrison County Sanitary Sewage Code, Chapter 3701-29 inclusive. I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge.

Signature of Applicant	Date
Title of Applicant	