

THE COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT  
DEPARTMENT OF PUBLIC HEALTH  
www.allencountyhealthdepartment.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 \_\_\_\_\_

hereby apply to be registered with the Combined Allen County General Health District Board of Health as a Septage Hauler for the year 2012.

I agree 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 the following approved facilities: Please mark with an (X) where you dump.

- |   |                                 |
|---|---------------------------------|
| _____ ADA (HARDIN COUNTY)               | _____ DELPHOS                   |
| _____ LIMA                              | _____ BLUFFTON                  |
| _____ OTHER _____<br>(Provide location) | _____ WAPAKONETA (AUGLAIZE CO.) |

The registration fee for a Septage Hauler shall be \$100.00 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 be \$125.00. A **new Original Bond** in the penal sum of \$10,000 must accompany this application before Registration will be made. **Continuation Bonds will not be accepted this year.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**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

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\*\*\*\*\*

OFFICE USE ONLY

Date Received \_\_\_\_\_ ( ) New ( ) Registered Last Year ( ) Fee ( ) Bond

Receipt No. \_\_\_\_\_ Date Registration Issued \_\_\_\_\_ Registration No. \_\_\_\_\_

Check No. \_\_\_\_\_ Cash \$ \_\_\_\_\_ Authorized By \_\_\_\_\_

Remarks \_\_\_\_\_

