

THE COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT  
Department of Public Health  
www.allencountyhealthdepartment.org  
219 E. Market Street \* P.O. Box 1503 \* Phone (419) 228-4457 \* FAX (419) 224-4161  
Lima, Ohio 45802

**APPLICATION FOR REGISTRATION**  
**“SERVICE PROVIDER” HOUSEHOLD SEWAGE TREATMENT SYSTEMS**

I, \_\_\_\_\_ PHONE: \_\_\_\_\_

D.B.A. \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

hereby apply to be registered as a “Service Provider of Household Sewage Treatment Systems, or parts thereof”, in the Combined Allen County General Health District for the year of 2012.

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

A registration fee of \$125.00 must accompany this application before registration will be made.

This application and fee is due during the month of December 2011, if you intend to be registered as a Service Provider of household sewage treatment systems in the Combined Allen County General Health District during the year of 2012.

You may request and pick-up the laws, rules, regulations, specifications, design and location of individual sewage treatment systems at this office. Laws and rules are available at [www.odh.state.oh.us](http://www.odh.state.oh.us).

If you have any questions pertaining to registration requirements, please contact our office.

DATE: \_\_\_\_\_ APPLICANTS SIGNATURE \_\_\_\_\_

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Office Use Only

DATE RECEIVED \_\_\_\_\_; ( ) NEW ( ) REGISTERED LAST YEAR ( ) FEE

RECEIPT # \_\_\_\_\_; DATE REGISTRATION ISSUED \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

CHECK # \_\_\_\_\_; CASH \$ \_\_\_\_\_ AUTHORIZED BY \_\_\_\_\_

REMARKS: \_\_\_\_\_