

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
“INSTALLER” HOUSEHOLD SEWAGE TREATMENT SYSTEMS

I, _____ PHONE: _____

D.B.A. _____ PHONE: _____

ADDRESS _____ CITY _____ ZIP CODE: _____

hereby apply to be registered as an “Installer 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 installation, alteration, design, construction and location of household sewage treatment systems, and only install or alter a household sewage treatment system after plans have been approved and a permit issued to perform the work, by the Board of Health.

A registration fee of \$150.00 and proof of a bond in the penal sum of \$25,000.00 must accompany this application before registration will be made. This must be a **new Original Bond, Continuation Bonds will not be accepted this year.**

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

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

DATE: _____ APPLICANTS SIGNATURE _____

Office Use Only

DATE RECEIVED _____; () NEW () REGISTERED LAST YEAR () FEE () BOND

RECEIPT # _____; DATE REGISTRATION ISSUED _____ REGISTRATION # _____

CHECK # _____; CASH \$ _____ AUTHORIZED BY _____

REMARKS: _____