

Fee \$125.00 per year (25% late fee if not registered prior to first job of the year)

2022
APPLICATION/REGISTRATION
HOUSEHOLD SEWAGE TREATMENT SYSTEM
SERVICE PROVIDERS

Lorain County Public Health
9880 South Murray Ridge Road
Elyria, OH 44035
PH# 440-322-6367 Fax# 440-322-6010

Business Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address (if different than Business Address) \_\_\_\_\_

Email \_\_\_\_\_

If you are registered as a service provider in other Health Districts, please list them:

I hereby agree to comply with the Ohio Department of Health Household Sewage Regulation (O.A.C. Chapter 3701-29), and Lorain County Public Health Residential Sewage Regulations as they pertain to sewage system service providers. I acknowledge that copies of the above regulations are available at the Health Department for my review.

\_\_\_\_\_
Date

\_\_\_\_\_
Service Provider's Signature

YOU ARE NOT REGISTERED UNTIL THE HEALTH DEPARTMENT HAS REVIEWED AND APPROVED THIS APPLICATION:

Office Use Only

Certificate of Insurance Yes [ ] No [ ] Proof of a Surety Bond Yes [ ] No [ ]
Surety Bond # \_\_\_\_\_

Proof of at least 6 continuing education hours for 2021 Yes [ ] No [ ] Proof of system specific training Yes [ ] No [ ]

Registration Approved Yes [ ] No [ ] Receipt Number \_\_\_\_\_

Review/Approved by \_\_\_\_\_ Date \_\_\_\_\_ Cash [ ]
Registered Sanitarian Check # \_\_\_\_\_

Registration Number \_\_\_\_\_ Receipt by: \_\_\_\_\_