



P.O. Box 309 • 7360 State Route 45 • Lisbon, Ohio 44432 • (330) 424-0272
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APPLICATION FOR SEPTAGE PUMPER REGISTRATION FOR YEAR 2017

Operator: _____ Phone: _____

Company Name: _____

Address: _____ City: _____ Zip: _____

List vehicle information including manufacturer make, license #, tank, capacity, and application device (spreader plate, injector, etc.)

1st Unit: _____

2nd Unit: _____

List additional vehicles on the back of this form

Do you have temporary holding facilities? Yes No If yes describe them:

Method of Disposal (Please check):

- 1. Public Sewage System
- 2. Surface Application
- 3. Subsurface Application
 - A. Injection
 - B. Burial

The Applicant is currently registered in the following Ohio counties:

_____ County _____ County

I agree to notify the Columbiana County Health Department immediately should there be any change in the above information. My registration may be revoked for any violation of the sanitary regulations of the Board of Health.

Registration Fee: \$100.00

Signature of Operator

For Health Department Use Only

Registration Approved: _____ Date & R.S. Initials	Registration Disapproved: _____ Date & R.S. Initials
Fee Paid: _____	Registration Number: _____

Rev 2/1/14

"Working harder for you because we care"