



P.O. Box 309 • 7360 State Route 45 • Lisbon, Ohio 44432 • (330) 424-0272
FAX (330) 424-1733

APPLICATION FOR REGISTRATION OF SEWAGE TREATMENT SYSTEM SERVICE PROVIDER

I, _____, HEREBY APPLY FOR REGISTRATION TO SERVICE SEWAGE TREATMENT SYSTEMS IN THE COLUMBIANA COUNTY GENERAL HEALTH DISTRICT FROM JANUARY 1, 2017 TO DECEMBER 31, 2017.

PLEASE PRINT CLEARLY

COMPANY NAME: _____

OWNER: _____

ADDRESS: _____

CITY: _____

PHONE: _____ MOBILE PHONE: _____

FAX: _____ EMAIL: _____

REGISTRATION FEE: \$100.00

I AGREE TO COMPLY WITH THE SEWAGE REGULATIONS OF THE COLUMBIANA COUNTY HEALTH DEPARTMENT, 3728 OF THE OHIO REVISED CODE AND 3701-29 OHIO ADMINISTRATION CODE. I HAVE RECEIVED A COPY OF THESE REGULATIONS AND UNDERSTAND THE PROVISIONS CONTAINED THEREIN.

The applicant is currently registered in the following Ohio counties:

_____ County
_____ County
_____ County

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY BELOW THIS LINE

REGISTRATION APPROVED: _____ DATE _____

BOND APPROVED: _____ DATE _____

REGISTRATION DISAPPROVED: _____ DATE _____

FEE PAID: _____ REGISTRATION NUMBER: _____

CLERK: _____