

**APPLICATION FOR REGISTRATION OF HOUSEHOLD SEWAGE TREATMENT SYSTEM INSTALLER**

I, \_\_\_\_\_, HEREBY APPLY FOR REGISTRATION TO INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS IN THE COLUMBIANA COUNTY GENERAL HEALTH DISTRICT FROM JANUARY 1, 2012 TO DECEMBER 31, 2012 .

**PLEASE PRINT CLEARLY**

COMPANY NAME: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**REGISTRATION FEE: \$85.00**

**I AGREE TO COMPLY WITH THE SEWAGE REGULATIONS OF THE COLUMBIANA COUNTY HEALTH DEPARTMENT. 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: \_\_\_\_\_

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**OFFICE USE ONLY BELOW THIS LINE**

REGISTRATION APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_

BOND APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION DISAPPROVED: \_\_\_\_\_ DATE \_\_\_\_\_

FEE PAID: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

CLERK: \_\_\_\_\_