



# Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432  
Phone: 330-424-0272 – General Fax: 330-424-1733 – Nursing Fax: 330-424-1843  
Email: cchd@columbiana-health.org Web: www.columbiana-health.org

## APPLICATION FOR SEPTAGE PUMPER REGISTRATION FOR YEAR 2019

Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

List vehicle information including manufacturer make, license #, tank, capacity, and application device (spreader plate, injector, etc.) **Fee: \$25.00/Truck**

1<sup>st</sup> Unit: \_\_\_\_\_

2<sup>nd</sup> 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: _____

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