



# **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 REGISTRATION OF SEWAGE TREATMENT SYSTEM INSTALLER**

I \_\_\_\_\_, hereby apply for registration to install sewage treatment systems in the Columbiana County Health District from January 1, 2021 to December 31, 2021.

### **PLEASE PRINT CLEARLY**

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

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Additional information required to be submitted with this application for approval:**

1. Proof of liability insurance.
2. Proof of testing requirements through the Ohio Department of Health.
3. Proof of 6 Continuing Education Units received in the previous calendar year.
4. Registration fee of \$100.

**I AGREE TO COMPLY WITH THE SEWAGE REGULATIONS OF THE COLUMBIANA COUNTY HEALTH DISTRICT, 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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Health Department Use Only**

Registration: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved: _____	Date & R.S. Signature _____
Date Paid: _____	Registration Number: _____

Our Vision: "A safe community of healthy people"