



# Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432  
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Email: cchd@columbiana-health.org Web: www.columbiana-health.org

## 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, 2019 TO DECEMBER 31, 2019.

**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: \_\_\_\_\_

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### OFFICE USE ONLY BELOW THIS LINE

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

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

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

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

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

Our Vision: "A safe community of healthy people"