



# Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432  
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## APPLICATION FOR REGISTRATION OF SEPTAGE HAULER

I \_\_\_\_\_, hereby apply for registration to haul septage in the Columbiana County Health District from January 1, 2022 to December 31, 2022.

**PLEASE PRINT CLEARLY**

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

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

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

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

Vehicle information including manufacture, make, license #, tank capacity (list additional back):

Unit 1: \_\_\_\_\_

Unit 2: \_\_\_\_\_

Do you have temporary holding facilities?  Yes  No

Method of Disposal:  Public sewage system  Surface application  Subsurface application

**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 12 Continuing Education Units received in 2020-2021.
4. Registration fee of \$100, truck fee of \$25.00 per truck

**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"