



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432
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APPLICATION FOR REGISTRATION OF SEWAGE TREATMENT SYSTEM SERVICE PROVIDER

I _____, hereby apply for registration to service sewage treatment systems 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: _____

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 compliance with system specific training through applicable manufacturers.
4. Proof of 12 Continuing Education Units received in 2020-2021.
5. 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"