



Columbiana County Health District

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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, 2024 to December 31, 2024.

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 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"