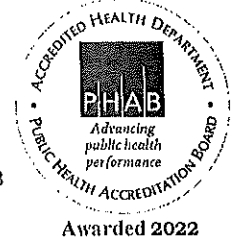


Columbiana County Health District

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 SERVICE PROVIDER

I _____, hereby apply for registration to service 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 compliance with system specific training through applicable manufacturers.
4. Proof of 6 Continuing Education Units received in the previous calendar year.
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"