



# 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 INSTALLER

I \_\_\_\_\_, hereby apply for registration to install sewage treatment systems in the Columbiana County Health District from January 1, 2025 to December 31, 2025.

### 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	Date & R.S. Signature _____
Date Paid: _____	Registration Number: _____

Our Vision: "A safe community of healthy people"