



# 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, 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 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	Registration: <input type="checkbox"/> Disapproved: _____
Date & R.S. Signature _____	
Date Paid: _____	Registration Number: _____

Our Vision: "A safe community of healthy people"