

**Champaign Health District (CHD)
Division of Environmental Health
1512 South U.S. Highway 68
Suite Q-100, Urbana, OH 43078
Phone: 937-484-1605**

**Application for Registration for Household Sewage Treatment System
Installer, Household Sewage Treatment System Service Provider,
and Septage Hauler for Calendar Year 202_**

Read the instructions carefully. Answer all questions as completely as possible. Applications with missing or incomplete information will not be approved until the correct information is provided. This will cause a delay in processing your application.

General Instructions and Information

1. Complete the section(s) of this application for each registration you wish to obtain.
2. Attach any supporting documentation that is required for the registration discipline.
3. Make your check payable to CCHD in the amount of the registration fee listed below and submit it with your completed application.

Discipline	Annual / Renewal /	Cost per Employee
Household Sewage Treatment System Installer	\$150.00 / \$75.00 /	\$10.00
Household Sewage Treatment System Service Provider	\$150.00 / /	
Septage Hauler	\$150.00 / \$75.00	

Completion of this form is required by paragraph (C) of rule 3701-29-03 of the Ohio Administrative Code.

Check the discipline(s) you are registering for: <input type="checkbox"/> Household Sewage Treatment System Installer					
<input type="checkbox"/> Household Sewage Treatment System Service Provider <input type="checkbox"/> Septage Hauler					
Telephone Number:		Fax Number:		Cell Telephone Number:	
Last Name		First Name	M. I.	E-mail address:	
Home Address		City		State	Zip
Business Name		Telephone Number			
Business Address		City		State	Zip

Surety Bond, Insurance and Training

<p>Proof of successful completion of the examination for the discipline applied for is provided with this application as required by Paragraph (C) (2) of rule 3701-29-03 of the Ohio Administrative Code Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Proof of required surety bond for each discipline applied for is provided with this application as required by Paragraph (C) (6) of rule 3701-29-03 of the Ohio Administrative Code Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Proof of no less than \$500,000 general liability insurance coverage. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Household Sewage Treatment System Installer- Effective January 1, 20016, registrants must provide proof of compliance with one of the following as required by Paragraph (C) of rule 3701-29-03 of the Ohio Administrative Code:

- Proof of status as a certified installer of onsite wastewater treatment systems through the national environmental health association
- Completion of at least six continuing education hours during the previous calendar year through programs approved by the Ohio Department of Health* (beginning in 2016)

List other counties you are registered in _____

Household Sewage Treatment System Service Provider- Effective January 1, 20015, registrants must provide proof of compliance with one of the following as required by Paragraph (A) of rule 3701-29-04.3 of the Ohio Administrative Code:

- Proof of status as an Ohio waste hauler association qualified service provider
- Proof of certification in the national association of wastewater transporters O&M or inspector programs
- Completion of at least six continuing education hours during the previous calendar year through programs approved by the Ohio Department of Health*

List other counties you are registered in _____

Septage Hauler- Effective January 1, 2008, registrants must provide proof of compliance with one of the following as required by Paragraph (A) of rule 3701-29-04.2 of the Ohio Administrative Code:

- Certification as a vacuum truck technician through the National Association of Wastewater Transporters (NAWT)
- Completion of at least six continuing education hours during the previous calendar year through programs approved by the Ohio Department of Health*

A permit shall be obtained by the Champaign County Health District for each vehicle is in compliance with Ohio Administrative Code rule 3701-29-03 and a permit was issued for each vehicle. Yes No

List other counties you are registered in _____

By signing this application, you agree to abide by any and all state laws and regulations and by the regulations set forth by the Champaign County Health District.

Applicant Signature

Date:

____/____/____

***Note:** In the case of dual or multiple registrations as an installer, septage hauler, and/or service provider, required continuing education hours may apply to multiple registrations categories as approved by the Ohio Department of Health. See Ohio Administrative Code rule 3701-29-03 (5)

Health Department Use Only:

Installer Registration Number:

Service Provider Registration Number:

Septage Hauler Registration Number: