

**APPLICATION FOR REGISTRATION TO INSTALL  
HOUSEHOLD SEWAGE TREATMENT SYSTEMS  
ASHLAND COUNTY HEALTH DEPARTMENT  
1763 ST RT 60  
ASHLAND, OH 44805  
Phone: 1-419-282-4317 Fax: 1-419-282-4333**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Operator \_\_\_\_\_ ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fee: 100.00

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Bond Company: N/A Bond Expiration Date: N/A

Registered also in: List County Health Dept(s)  
\_\_\_\_\_

Employee(s) authorized to conduct services and labor under your supervision and to sign sewage installation permits on your behalf.  
\_\_\_\_\_

Upon submittal of a completed applicaton and application fee of \$100, the Health Department shall review the application and issue a certificate of registration within thirty (30) days of receipt. No registration is valid until the certificate is issued. Such registration shall remain VALID UNTIL THE LAST DAY OF DECEMBER OF EACH YEAR or only so long as the work performed is satisfactory to the Health Commissioner.

\_\_\_\_\_

Verification of testing/competency requirements (6 hours continuing education)

I Agree To Comply With All Regulations Of The Board Of Health Of The Ashland County Household Sewage System Regulations -3701-29-01-3701-29-20. I Have Received An Interpretation Of These Regulations And Understand The Provisions Contained Therein. I Acknowledge That My Registration May Be Suspended Or Revoked For Violation Of Any Provisions Of These Regulations.

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

YEAR \_\_\_\_\_  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_

Test Date: / / \_\_\_\_\_ Score: \_\_\_\_\_  CEUs Attached  Bond Attached

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_