



**ASHLAND COUNTY - CITY HEALTH DEPARTMENT**

1763 St Rt. 60 ▪ Ashland, Ohio 44805

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[ashlandhealth@ashlandhealth.com](mailto:ashlandhealth@ashlandhealth.com)

Daniel R. Daugherty, M.D., *Health Commissioner* ▪ Al Sanders, B.S., R.S., *Administrator*  
*Equal Opportunity Employer / Provider*

**APPLICATION FOR REGISTRATION OF SEPTAGE HAULERS**

Applicants Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Telephone No.: \_\_\_\_\_  
Business Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Employees Authorized To Conduct Services Or Labor Under Your Supervision:**

\_\_\_\_\_  
\_\_\_\_\_

**Registered Also In:** (list other county/city health jurisdictions)

\_\_\_\_\_  
\_\_\_\_\_

**Method Of Disposal:** (check all that apply)

Surface Application       Subsurface Application       Ohio EPA Approved Facility

**Equipment Specifications:**

Truck(s) Brand Name(s) \_\_\_\_\_  
Truck(s) License Number(s) \_\_\_\_\_  
Truck(s) Body Color(s) \_\_\_\_\_  
Truck(s) Tank(s) Volume \_\_\_\_\_

**Types of Application Device(s):** \_\_\_\_\_  
(Spreader Plate, Injector, etc.)

**Temporary Holding Facilities:**     YES     NO

If YES, give location, size, and type of construction: \_\_\_\_\_  
\_\_\_\_\_

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