



## ASHLAND COUNTY HEALTH DEPARTMENT

1763 State Route 60 • Ashland, Ohio 44805

419-282-4337 • 419-282-4333 Fax


Environmental Health Division

*Equal Opportunity Employer / Provider*

### OFFICE OF THE HEALTH COMMISSIONER

DATE: December 1, 2019

TO: Ashland County Sewage Installers, Septage Haulers, and Service Providers

FROM: Sarah Goodwill Humphrey, MPH, CPH, RS 

SUBJECT: Annual Registration Renewal (2020)

Per Ohio Administrative Code Chapter 3701-29-03(A)... "Only persons registered by the Board of Health as an installer, septage hauler, or service provider shall perform the duties defined in Rule 3701-29-01 of the Administrative Code."

Enclosed you will find an application for 2020 registration within the Ashland County General Health District.

Fill in the appropriate blanks and return to:

Ashland County Health Department  
1763 SR 60  
Ashland, OH 44805

Make check payable to: Ashland Health Department and return by December 31, 2019.  
*All renewal applications submitted after December 31, 2019 must be assessed a 25% penalty fee.*

The fee schedule for 2019 is as follows:

Sewage Installer . . . . .	\$150.00
Septage Hauler . . . . .	\$150.00
Service Provider . . . . .	\$150.00

If you have any questions, please contact Pat Donaldson, R.S., Director of Environmental Health at 419-282-4275 or 419-282-4337. Your continued co-operation is appreciated.

Office hours are Monday-Friday 8:00 A.M. – 4:00 P.M.

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN  
ASHLAND COUNTY FOR THE YEAR 2020**

**ASHLAND COUNTY HEALTH DEPARTMENT**

**1763 ST RT 60**

**ASHLAND, OH 44805-9287**

**Phone: 1-419-282-4337 Fax: 1-419-282-4333**

Business Name: \_\_\_\_\_ Date: 11/26/2019

Operator Name: \_\_\_\_\_ Business ID #: 0

Street Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Land Application Site: \_\_\_\_\_

Sewage Treatment Plant Location: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

Registered also in: List County Health Dept(s) \_\_\_\_\_  
 method of Disposal: (check all that apply)  
 Public Sewage System \_\_\_\_ Surface Application \_\_\_\_ Subsurface Application-Injection \_\_\_\_  
 Equipment used for application (ie: spreader plate, injector, etc.) \_\_\_\_\_  
 Temporary Holding Facilities Yes \_\_\_\_ No \_\_\_\_  
 If yes, describe location, size, and type of construction \_\_\_\_\_  
 Upon submittal of a completed application and application fee of \$150, 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.

Year	Make	Body	License	ID	Capacity	Vehicle Permit Fee
Total Vehicle Permits:						
Company Registration Fee:						150.00
Total Fee:						150.00

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

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 (Office Use Only)

YEAR 2020       Registration Approved: \_\_\_\_\_       Registration Denied: \_\_\_\_\_       Insurance

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

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