



## 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*

DATE: December 1, 2020

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

FROM: Pat Donaldson R.S. Director of Environmental Health

SUBJECT: Annual Registration Renewal (2021)

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 2021 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, 2020.

*All renewal applications submitted after December 31, 2020 must be assessed a 25% penalty fee.*

The fee schedule for 2021 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 A SERVICE PROVIDER REGISTRATION  
 ASHLAND COUNTY HEALTH DEPARTMENT  
 1763 ST RT 60  
 ASHLAND, OH 44805  
 Phone: 1-419-282-4275 Fax: 1-419-282-4333**

Business Name: \_\_\_\_\_ Date: 12/21/2020  
 Operator's Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fee: 150.00  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date:  / /

Types of Systems/Components Serviced: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Registered also in: List County Health Dept(s) \_\_\_\_\_  
 Employee(s) authorized to conduct services or labor under your supervision.  
 \_\_\_\_\_  
 List Manufacturer/Distributor training, certification, and/or qualifications.  
 \_\_\_\_\_  
 Upon submittal of a completed applicaton 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 herby agree to comply with Chapter 3701-29 of the Ashland County Board of Health Sewage Treatment/Disposal System rules and all applicable provisions.

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

(Office Use Only)

YEAR 2021       Registration Approved: \_\_\_\_\_       Registration Denied: \_\_\_\_\_       Insurance  
 Test Date:  / /      Score: \_\_\_\_\_       CEUs Attached       Bond Attached  
 DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_