

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN
ASHLAND COUNTY FOR THE YEAR 2023**

**ASHLAND COUNTY HEALTH DEPARTMENT
1211 CLAREMONT AVE
ASHLAND, OH 44805
Phone: 1-419-282-4275 Fax: 1-419-282-4333**

Business Name: _____ Date: _____
 Operator Name: _____ Business ID#: _____
 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 (i.e.: 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
				0	0	
Total Vehicle Permits:						
Company Registration Fee:						150.00
Total Fee:						150.00

APPLICANT _____ DATE _____
 (SIGNATURE)

 (Office Use Only)

YEAR 2024 Registration Approved: _____ Registration Denied: _____ Insurance
 Test Date: / / _____ Test Score: _____ CEUs Attached Bond Attached
 DATE _____ RECEIPT # _____ Received by: _____