

Hocking County Health Department

132 Hocking Mall • Logan, Ohio 43138

Phone 704-385-3030

Fax 740-385-2252

APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN COUNTY FOR THE YEAR _____

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: _____

I/We hereby apply for registration to engage in the collection, removal, and hauling for remuneration, septage in the Logan-Hocking County General Health District.

I/We agree to comply with the rules and regulations of the Board of Health of the Logan-Hocking County General Health District governing the installation, operation and cleaning of privies, privy vaults, sewerage and sewage treatment and disposal equipment.

I/We further agree to dispose of domestic septage to a sanitary sewerage system, by proper burial, or by other method approved by the Health Commissioner. Land application of domestic septage requires pre-approval from the Hocking County Health Department.

PERMIT FEE & ONE VEHICLE \$75.00
EACH ADDITIONAL VEHICLE \$40.00

Please include the \$5,000 performance bond that expires on December 31 of the registration year, names the Hocking County Health Department as obligee, and is for septage hauling. If you were not registered in 2007, please include a copy of passing the statewide sewage exam or contact this office to schedule an appointment to take the exam.

Year	Make	Body	License	ID	Capacity	Vehicle Permit Fee

Total Vehicle Permits: _____
 Company Registration Fee: _____
 Total Fee: _____

APPLICANT _____ DATE: _____
(SIGNATURE)

(Office Use Only)

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