

# Hocking County Health Department

132 Hocking Mall • Logan, Ohio 43138

Phone 704-385-3030

Fax 740-385-2252

## APPLICATION FOR REGISTRATION TO INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Operator: \_\_\_\_\_ ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fee:     \$50.00    

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

I/We agree to comply with all regulations and recommendations pertaining to the installation of, changes to, and/or repairs of any sewage treatment device within the jurisdiction of the Hocking County Health Department. I/We fully understand that failure to comply may result in revocation of the registration.

NOTE: Persons in violation of Sanitary Regulations of the Hocking County Board of Health are subject to fines up to \$100.00 per offense.

FEE \$50.00

Please include a \$10,000 performance bond for the installation of sewage treatment systems that expires December 31 of the registration year and names the Hocking County Health Department as the obligee. A \$20,000 performance bond is required to install advanced sewage treatment systems such as drip irrigation, spray irrigation or pressure-dosed mounds.

Include proof of passing the statewide sewage exam. If you did not take the state test, please contact this office to schedule an appointment to take the exam.

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

(Office Use Only)

YEAR: \_\_\_\_\_  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_

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

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