

Hocking County Health Department

132 Hocking Mall • Logan, Ohio 43138

Phone 704-385-3030

Fax 740-385-2252

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

Business Name: _____ Date: _____

Name of Operator: _____ ID #: _____

Street Address: _____ Fee: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____

Fax: _____ E-mail: _____

Bond Company: _____ Bond Expiration Date: _____

APPLICATION FOR A PERMIT TO SUPPLY, SERVICE AND INSPECT PRIVATE HOUSEHOLD SEWAGE TREATMENT DEVICES IN HOCKING COUNTY.

I/WE HEREBY AGREE TO COMPLY WITH ALL REGULATIONS AND RECOMMENDATIONS PERTAINING TO THE INSPECTION AND SERVICING OF ANY SEWAGE TRETMENT DEVICE WITHIN THE JURISDICTION OF THE LOGAN-HOCKING COUNTY HEATLH DISTRICT. I/WE FULLY UNDERSTAND THAT FAILURE TO COMPLY MAY RESULT IN REVOCATION OF LICENSE.

NOTE: PERSONS IN VIOLATION OF SANITARY REGULATIONS OF THE HOCKING COUNTY BOARD OF HEALTH ARE SUBJECT OT FINES UP TO \$100 PER OFFENSE.

PLEASE MAKE ANY NECESSARY CHANGES TO THE APPLICATION, SIGN AND RETURN IT ALONG WITH THE \$5,000 PERFORMANCE BOND AND THE REQUIRED \$50.00 FEE. THE BOND MUST EXPRIE ON DECEMBER 31 OF THE REGISTRATION YEAR, NAME THE HOCKING COUNTY HEATH DEPARMTENT AS OBLIGEE AND BE FOR SERVICE PROVIDER OF SEWAGE TREATMENT SYSTEMS.

IF YOU WERE NOT REGISTERED IN 2007, PLEASE INCLUDE PROOF OF PASSING THE STATEWIDE SEWAGE EXAM OR 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: _____