

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN  
HOCKING COUNTY FOR THE YEAR 2025**

**HOCKING COUNTY HEALTH DEPARTMENT  
350 STATE ROUTE 664 NORTH  
LOGAN, OH 43138**

**Phone: 1-740-385-3030 Fax: 1-740-385-2252**

Business Name: \_\_\_\_\_ Date: 01/23/2025

Operator Name: \_\_\_\_\_ Business ID #: 0

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, transportation and disposal of domestic septage in Hocking County. I/We further agree to comply with the rules and regulations of Chapter 3701-29 of the Ohio Administrative Code and the Board of Health. Land application of domestic septage requires pre-approval from the Hocking County Health Department.

COMPANY REGISTRATION FEE & ONE VEHICLE \$135.00 Checks can be made payable  
EACH ADDITIONAL VEHICLE \$55.00 to HCHD

Please include proof of \$500,000 general liability insurance, passing the state exam and copy of the truck inspection(s) from your home county. If you are renewing your registration, include certificate of completing 6 hours continuing education in 2025. A state bond must be submitted to and approved by the Ohio Department of Health in order to complete your registration. Registration may be denied if pump records have not been submitted.

Please return completed application by December 31, 2025. A penalty fee of 25% of the registration fee will be assessed if any work is conducted prior to registration.

Year	Make	Body	License	ID	Capacity	Vehicle Permit Fee
Total Vehicle Permits:						
Company Registration Fee:						135.00
Total Fee:						135.00

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

(SIGNATURE)

(Office Use Only)

YEAR 2025 ☐ Registration Approved: \_\_\_\_\_ ☐ Registration Denied: \_\_\_\_\_ ☐ Insurance

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

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