



# HOCKING COUNTY HEALTH DEPARTMENT

350 St. Rte. 664 N. ~ Logan, Ohio 43138  
Phone 740-385-3030 Fax 740-385-2252

## APPLICATION FOR REGISTRATION TO INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator: \_\_\_\_\_ ID #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fee: \$ 125.00  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

I/We hereby apply for registration to install sewage treatment systems in Hocking County.

I/We further agree to comply with all regulations and recommendations pertaining to the installation of, changes to, and/or repairs of any private household sewage treatment system 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.

FEE \$125.00

In order to complete your registration, please remit a copy of your state bond in the amount of \$40,000, proof of \$500,000 general liability insurance, proof of completing 6 hours continuing education in 2016, and proof of passing the state exam.

**NOTE: Persons in violation of sanitary regulations of the Hocking County Board of Health are subject to fines of 25% of the registration/permit fee plus the registration/permit fee. I/We hereby apply for registration to install sewage treatment systems in Hocking County.**

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

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(Office Use Only)

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

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

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