

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
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
Name of Operator _____ ID #: 1
Street Address: _____ Fee: 135.00
City, State, Zip: _____
Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
E-Mail: _____
Bond Company: _____ Bond Expiration Date: _____

I/We hereby apply for registration to install/alter 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 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 \$135.00

Please include proof of \$500,000 general liability insurance and of passing the state exam. 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.

Please return completed application by December 31, 2025, to expedite processing and to compile a list of Registered Installers for the public's benefit. Registration may be denied if all required records, such as as-built diagrams are not submitted.

A penalty fee of 25% of the registration fee will be assessed if any work is conducted prior to registration.

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

YEAR 2025 ☐ Registration Approved: _____ ☐ Registration Denied: _____ ☐ Insurance
Test Date: / / Score: _____ ☐ CEUs Attached ☐ Bond Attached
DATE _____ RECEIPT # _____ Received by: _____