

APPLICATION FOR REGISTRATION TO INSTALL  
HOUSEHOLD SEWAGE TREATMENT SYSTEMS  
JEFFERSON COUNTY GENERAL HEALTH DISTRICT

500 Market Street, Suite B  
STEUBENVILLE, OH 43952

Phone: 1-740-283-8535 Fax: 1-740-283-8507

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: \_\_\_\_\_

I agree to comply with all regulations of Chapter 3701-29 of the Household Sewage Disposal Treatment System Rules of the Ohio Administrative Code.

THE ANNUAL FEE FOR A INSTALLER'S REGISTRATION SHALL BE \$200.00

SUCH REGISTRATION SHALL REMAIN VALID UNTIL DECENBER 31 OF EACH YEAR OR ONLY SO LONG AS THE WORK PERFORMED IS SATISFACTORY TO THE HEALTH COMMISSIONER.

Sewage Treatment System Installer Signature \_\_\_\_\_ Date: \_\_\_\_\_

NO PERSONAL CHECKS ACCEPTED ONLY BUSINESS CHECKS & CASH

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

(Office Use Only)

YEAR \_\_\_\_\_  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  
Test Date: / / \_\_\_\_\_ Score: \_\_\_\_\_  CEUs Attached  Bond Attached  
DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_