

<p align="center">Highland County General Health District</p> <p>1487 North High St. Suite 400, Hillsboro, OH 45133 Phone: (937) 393-1941 Fax: (937) 393-4694 Email: info@highlandcountyhealth.org</p>		<p align="center">Contractor Registration Application for Sewage Treatment System Installers/Haulers/Service Providers working in Highland County</p>
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Application Received:	Receipt Number:	Fee Paid:
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APPLICATION

- ✓ Registrations expire on December 31 each year.
- ✓ Rules can be viewed at Ohio Dept of Health's Sewage Program website:
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/welcome-to>
- ✓ If you need a copy of the Highland County Health Department's Installer's Manual, please contact this office and one will be provided. Last Revised 2015. The manual is also available on our website highlandcountyhealth.org
- ✓ Please complete all sections of the application. Be sure to sign and date the application.

What type(s) of services are you applying for? 2024 Fee = \$35.00 per category.

Installer
 Septage Hauler
 Service Provider

Contractor Information

Contractor Name:		Business Name:	
Street address/PO Box.		Business Street address/PO Box.	
City:		Business City:	
State:	Zip:	Business State:	Business Zip:
Primary Phone:		Alternate Phone:	

e-mail

Business Home County: N/A or List other counties you are registered in:

YES **NO** Did you registered in Highland County during 2023?

YES **NO** Does your business perform Operation and Maintenance inspections on existing septic systems for homeowners, etc.?

YES **NO** The HCHD sometimes works with eligible homeowners in the repair/replacement of their failing septic systems. Funding is provided through the Waste Water Pollution Control Loan Fund (WPCLF). Do you wish to be notified in the bidding process for design/repairs/replacement if we do mailings/e-mails?

WHAT TO INCLUDE WITH THIS APPLICATION:

ALL APPLICATIONS must include:

<i>Date Received</i>	<i>N/A</i>	<i>ITEM</i>
		Applicable Registration Fee(s)
		Copy of Contractor's Exam Certificate
		Proof of no less than \$500,000 General Liability Insurance
		Proof of at least 6 Continuing Education Units from previous calendar year
		Any outstanding paperwork from services provided in Highland County

<input type="checkbox"/> INSTALLERS must also include:

Date Received	N/A	ITEM
		Proof of Surety Bond ODH verified: ___/___/___

<input type="checkbox"/> SEPTAGE HAULERS must also include:
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Date Received	N/A	ITEM
		Proof of Surety Bond ODH verified: ___/___/___
		Copy of Truck Inspection Reports

Waste Water Disposal Information:

Facility Name:	Address:	County:
Facility Name:	Address:	County:

Vehicle Information:

Vehicle License Plate #	Truck Number:	Make & Model Tank Capacity
Vehicle License Plate #	Truck Number:	Make & Model Tank Capacity

<input type="checkbox"/> SERVICE PROVIDERS must also include:
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Date Received	N/A	ITEM
		Proof of Surety Bond ODH verified: ___/___/___
		Training certificates for specialized systems

Contractor's Statement of Agreement

The Highland County General Health District maintains the Private Sewage Treatment System Program in accordance with Chapter 3701-29 of the Ohio Administrative Code. I agree to comply with these regulations and the requirements of the Highland County General Health District. I have received a copy of these rules and regulations, and understand the provisions contained therein. I also understand that any violation of the above-mentioned regulations and requirements may result in registration suspension and/or legal action.

Applicant's Signature _____ **DATE** _____

Office use only below this line:

Processed By:	Date:
INSTALLER:	Approved ___/___/___ Pending ___/___/___ Disapproved ___/___/___
SEPTAGE HAULER:	Approved ___/___/___ Pending ___/___/___ Disapproved ___/___/___
SERVICE PROVIDER:	Approved ___/___/___ Pending ___/___/___ Disapproved ___/___/___

REGISTRATION # _____