

APPLICATION FOR REGISTRATION TO INSTALL  
HOUSEHOLD SEWAGE TREATMENT SYSTEMS  
PERRY COUNTY HEALTH DEPARTMENT

P. O. Box 230

NEW LEXINGTON, OH 43764

Phone: 1-740-342-5179 Fax: 1-740-342-5540

Business Name: \_\_\_\_\_ Date: 11/03/2017  
Name of Operator \_\_\_\_\_ ID #: 1  
Street Address: \_\_\_\_\_ Fee: 150.00  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

I agree to comply with all regulations of the Board of Health of the Perry County General Health District and Chapter 3701-29-01 through 3701-29-23 of the Ohio Administrative Code - Registration of Installers of Sewage Systems and acknowledge that my registration may be suspended or revoked for violation of any provision of these code sections.

OAC CHAPTER 3701-29-03 THE ANNUAL FEE FOR A INSTALLER'S REGISTRATION SHALL BE \$150.00

The Ohio Administrative Code Requires \$40,000 Surety Bond before application will be approved. A copy must be supplied to the Ohio Department of Health and The Perry County Health Department.

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

BONDING  
COMPANY \_\_\_\_\_

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

(Office Use Only)

YEAR 2017  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance  
Test Date:  / / Score: \_\_\_\_\_  CEUs Attached  Bond Attached  
DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_