

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

PO BOX 230

NEW LEXINGTON, OH 43764

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

Business Name: _____ Date: _____

Name of Operator _____ ID #: _____

Street Address: _____ Fee: 34.00

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 \$34.00

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 2024 ☐ Registration Approved: _____ ☐ Registration Denied: _____ ☐ Insurance

Test Date: / / Score: _____ ☐ CEUs Attached ☐ Bond Attached

DATE _____ RECEIPT # _____ Received by: _____