

**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: \_\_\_\_\_  
 Name of Operator \_\_\_\_\_ ID #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fee: \$37.00  
 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: \$37.00

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~~

**Sewage Installation Exam Certificate** must be submitted with new registrations and fee. Certificates can be acquired at [www.otco.org](http://www.otco.org).

Annual CEU certificates must be submitted with renewal registration and fee.

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

(Office Use Only)

YEAR 2026  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance  
 Test Date: / / \_\_\_\_\_ Score: \_\_\_\_\_  CEUs Attached  Bond Attached  
 DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_