

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Sewage Treatment System Installer, Service Provider and/or Septic Hauler Registration Application

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Name: _____ Phone Number: _____

Home Address: _____

Email Address: _____

If you are registered in one of the other health districts please list below:

I hereby agree to comply with the Ohio Department of Health Household Sewage Regulation (OAC Chapter 3701-29). I acknowledge that copies of the regulations are available on TCHD's website.

Signature: _____ Date: _____

Application Fee: _____	Installer \$300.00	Septage Hauler Only:
_____	Service Provider \$250.00	Number of Trucks: _____
_____	Septage Hauler \$250.00	Method of Disposal: _____
		Approx. Yearly Amt: _____

Department Use Only

	Yes	No	N/A
Proof of Surety Bond			
Proof of testing requirements			
Proof of CEUs			

Registration Reviewed/Approved by: _____ Date: _____

Paid: _____ Receipt#: _____ Registration #: _____



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