



**Public Health**  
Prevent. Promote. Protect.

Tuscarawas County  
Health Department

## Sewage Treatment System Septic Hauler Registration

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Email: \_\_\_\_\_

If you are registered in one or more local health districts, please list below:

\_\_\_\_\_

To register, please make sure to provide the following information:

- Surety Bond
- Testing Requirements
- CEU's
- Insurance information
- All previous years Truck Inspection Reports

<u>Number of Trucks:</u>	<u>Truck Numbers (attach separate page if needed):</u>	<u>Method(s) of Disposal:</u>	<u>Approximate Yearly Amount Pumped (gallons):</u>

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: \_\_\_\_\_

### Department Use Only

	Yes	No	N/A
ODH Bond			
Testing Requirements			
CEU's			
Truck Inspection Reports			

Registration Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Registration #: \_\_\_\_\_

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