



Public Health
Prevent. Promote. Protect.

Tuscarawas County
Health Department

Sewage Treatment System Installer Application

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Applicants Name: _____ Email: _____

State Bond #: _____ Phone #: _____

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 as-builts submitted to TCHD (if not already submitted)

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			
As-Builts			

Registration Approved by: _____ Date: _____

Paid: _____ Receipt #: _____ Registration #: _____

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Dover, OH 44622

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 (330) 343-1601

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