



Public Health
Prevent. Promote. Protect.

Tuscarawas County
Health Department

Sewage Treatment System Septic Service Provider Registration

Business Name: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's 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
- Previous Year's Invoice's Current
- Please check all manufacturer certifications that apply (include certificates with application):

- Eljen
- Hydro-Action
- Jet Inc.
- Consolidated Systems

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


- ODH Bond
- CEU'S
- Testing Requirements
- Insurance Information
- Previous Year's Invoices Current



Manufacturer Certifications


- Eljen
- Hydro-Action
- Jet Inc.
- Consolidated Systems

Registration Approved by: _____ Date: _____

Paid: _____ Receipt #: _____ Registration #: _____

 897 E. Iron Ave.
Dover, OH 44622

 (330) 343-5555
 (330) 343-1601

 www.tchdnow.org
 director@tchdnow.org

