



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: _____

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
- Previous Year's Invoice's Current

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			
Invoice's Paid			

Registration Approved by: _____ Date: _____

Paid: _____ Receipt #: _____ Registration #: _____

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(330) 343-1601

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