

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN  
ASHLAND COUNTY FOR THE YEAR 2023**

**ASHLAND COUNTY HEALTH DEPARTMENT  
1211 CLAREMONT AVE  
ASHLAND, OH 44805  
Phone: 1-419-282-4275 Fax: 1-419-282-4333**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_ Business ID#: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Land Application Site: \_\_\_\_\_  
 Sewage Treatment Plant Location: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

Registered also in: List County Health Dept(s) _____ that apply) Public Sewage System _____ Surface Application _____ Subsurface Application-Injection _____ Equipment used for application (i.e.: spreader plate, injector, etc.) _____ Temporary Holding Facilities Yes No If yes, describe location, size, and type of construction _____	Method of Disposal: (check all that apply) Public Sewage System _____ Surface Application _____ Subsurface Application-Injection _____ Equipment used for application (i.e.: spreader plate, injector, etc.) _____ Temporary Holding Facilities Yes No If yes, describe location, size, and type of construction _____
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Upon submittal of a completed application and application fee of \$150, the Health Department shall review the application and issue a certificate of registration within thirty (30) days of receipt. No registration is valid until the certificate is issued. Such registration shall remain VALID UNTIL THE LAST DAY OF DECEMBER OF EACH YEAR or only so long as the work performed is satisfactory to the Health Commissioner.

Verification of testing/competency requirements (6 hours continuing education)  
 I Agree To Comply With All Regulations Of The Board Of Health Of The Ashland County Household Sewage System Regulations -3701-29-01-3701-29-20. I Have Received An Interpretation Of These Regulations And Understand The Provisions Contained Therein. I Acknowledge That My Registration May Be Suspended Or Revoked For Violation Of Any Provisions Of These Regulations.

Year	Make	Body	License	ID	Capacity	Vehicle Permit Fee
				0	0	
Total Vehicle Permits:						
Company Registration Fee:						150.00
Total Fee:						150.00

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
 (SIGNATURE)

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 (Office Use Only)

YEAR \_\_\_\_\_  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance \_\_\_\_\_  
 Test Date: \_\_\_\_\_ Test Score: \_\_\_\_\_  CEUs Attached \_\_\_\_\_  Bond Attached \_\_\_\_\_  
 DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_