

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
DELAWARE GENERAL HEALTH DISTRICT
1 West Winter Street
DELAWARE, OH 43015
Phone: 1-740-368-1700 Fax: 1-740-368-1736**

Business Name: _____ Date: _____
 Name of Operator _____ ID #: _____
 Street Address: _____ Fee: 270.00
 City, State, Zip: _____
 Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
 E-Mail: _____
 Bond Company: _____ Bond Expiration Date: _____

2017 APPLICATION FOR REGISTRATION TO INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS

The instructions below outline the items needed to complete the registration process for the year of 2017. Once all documents are completed, you may bring the items to our office or return via mail to PO Box 570 Delaware, Ohio 43015.

1. Complete and return this application form with application fee. Applicant's signature and date are required. Check payments payable to DGHD
2. Return Certification that you have passed the Ohio Department of Health Exam for the sewage rules effective January 1, 2015.
3. Proof of compliance with any system specific training, qualification, or certification required as a condition of a system's approval by the Director of ODH.
4. Return an Ohio Department Of Health Surety Bond. Refer to provided bond packet for further details.
5. Return Proof of General Liability Insurance of not less than \$500,000.
6. Any outstanding forms, permits, plans, service records, or other documentation for prior system work that have not been submitted.
7. Proof of at least 6 hours of ODH approved continuing education during the previous calendar year or other proof of competency outlined in OAC 3701-29-03(C) (5)

I hereby agree to abide by the requirements established in rule 3701-29 of the Ohio Administrative Code. Such registration shall remain valid until December 31, 2017 or only so long as the work performed is satisfactory to the Health Commissioner.

APPLICANT _____ DATE _____
 (SIGNATURE)

(Office Use Only)

YEAR 2017 Registration Approved: _____ Registration Denied: _____ Insurance

Test Date: / / _____ Score: _____ CEUs Attached Bond Attached

DATE _____ RECEIPT # _____ Received by: _____