



APPLICATION FOR SEPTAGE PUMPING AND HAULING REGISTRATION

INSTRUCTIONS: Complete this form and submit it to the Vinton County Health Department. Each registered vehicle must be inspected. A copy of the inspection report(s) must be attached along with any information required to be attached in section 4. An original \$25,000 bond to haul septage in Vinton County must accompany this application. You can contact the Vinton County Health Department to schedule an inspection.

1. BUSINESS LOCATION (Please Print)							
County:				Phone #	()		
Contact's Name:				Fax #	()		
Name of Business:				Driver:			
Mailing Address:							
City:	State:	Zip Code:					
Street Address if Different:							
City:	State:	Zip Code:					
2. BUSINESS ORGANIZATION (Check and Complete as Appropriate)							
<input type="checkbox"/> PROPRIETORSHIP <i>Owner:</i> _____				<input type="checkbox"/> PARTNERSHIP <i>Partners:</i> _____			
<input type="checkbox"/> CORPORATION <i>Officers:</i> _____				<input type="checkbox"/> OTHER <i>Parties:</i> _____			
3. REGISTRATION OF VEHICLES TO BE USED FOR PUMPING, HAULING AND DISPOSING OF SEPTAGE							
The registration fee for a hauler is \$30.00 and a fee of \$25.00 is charged for each truck							
YEAR OF VEHICLE	MAKE OF VEHICLE	MODEL OF VEHICLE	LICENSE TAG NO.	COLOR	VEHICLE IDENTIFICATION # (if applicable)	GALLONS CAPACITY	VEHICLE PERMIT FEE
TOTAL REGISTRATION FEE:							
4. METHOD(S) FOR SEPTAGE DISPOSAL (CHECK ALL APPLICABLE).							
<i>† If used, a copy of the land application permit/approval along with the previous year's records must accompany this application.</i>							
List Each Facility/Permit No.	<input type="checkbox"/> WASTEWATER TREATMENT FACILITY	<input type="checkbox"/> SOLID WASTE LANDFILL	<input type="checkbox"/> LAND APPLICATION SITE [†]				
5. APPLICANT'S SIGNATURE							
I understand that this application must be amended before utilizing any disposal site not described in Section 4. I agree to comply with the Ohio Administrative Code and Vinton County's Sanitary Regulations. I understand that this registration is to haul septic tank and privy contents to an approved facility/site.							
Applicant's Name (Please Print)			Applicant's Signature			Date	

6. LHD USE ONLY

Comments: _____

Label Yes No Leakproof Yes No Pumping Records Yes No Spill Kit Yes No

Land Application Site Approval Yes No N/A Landfill Verification/Approval Yes No N/A

Wastewater Treatment Verification/Approval Yes No N/A

I have reviewed this application, completed the required inspection(s) and I **Approve** **Reject** this applicant for registration.

Vinton County Health Department (Signature)

RS/SIT Number

Date

Date Received _____

Receipt # _____

Date Registration Issued _____