

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
VINTON COUNTY HEALTH DEPARTMENT
31927 STATE ROUTE 93
OHIO, OH 45651
Phone: 1-740-596-0473 Fax: 1-740-596-5837**

Business Name: _____ Date: _____

Name of Operator: _____ ID #: _____

Street Address: _____ Fee: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____

E-Mail: _____

Bond Company: _____ Bond Expiration Date: _____

I agree to comply with all regulations of the Board of Health of the Vinton County General Health District's Sanitary Regulations and the Ohio Administrative Code Chapter 3701-29. I acknowledge that my registration may be suspended or revoked for violation of these rules.

The annual fee for an installers registration shall be \$50.00 and the Vinton County Health Department needs the original \$25,000.00 bond that SPECIFICALLY STATES {to carry on business as SEPTIC INSTALLER in VINTON COUNTY}

The Vinton County Health Department's sewage installer test must be taken and a passing score received once every two years. The test requirement is waived if no violations of the OAC 3701-29 or VCHDSR have occurred in the past two years, all requested documentation has been received and all corrections to installations have been made.

Such registration shall remain valid until December 31 of each year or only so long as the work performed is satisfactory to the Health Commissioner.

There is a \$500.00 penalty per each occurrence for installing without an issued permit or installing without an approved registration.

APPLICANT _____ DATE: _____
(SIGNATURE)

(Office Use Only)

YEAR _____ Registration Approved: _____ Registration Denied: _____

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

DATE _____ RECEIPT # _____ Received by: _____