APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN DELAWARE COUNTY FOR THE YEAR 2017

DELAWARE GENERAL HEALTH DISTRICT 1 WEST WINTER STREET DELAWARE, OH 43015

Phone: 1-740-368-1700 Fax: 1-740-368-1736

Busines	ss Name:				Date:	I			
Operato	or Name:			Business	ID#:				
Street A	Address:	Sen.							
City, Sta	ate, Zip:		4	P	hone:				
Cel	Phone:	Fax:	E-Mail	:					
Land Ap	oplication Site:								
Sewage	Treatment Plant Lo	ocation:							
Bond C	company:			Bond Expiration	Date:				
	2017 APPLICAT	TION FOR REGISTRATION	TO HAUL LIQUID	SEPTAGE WASTE					
		ow outline the items n	_	_	_				
		all documents are comp D Box 570 Delaware, Oh		bring the items t	co our offic	ce or			
		n this application fo		tion fee Applic	entie eigna:	ture 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 de	tails. 5. Return	Proof of Ge	eneral			
	_	of not less than \$500,	_			•			
		other documentation for	_						
		nours of ODH approved	_	_	previous o	calendar			
year o	r other proof (of competency outlined	I IN OAC 3701-2:)-03 (C) (S)					
I here	by agree to abi	ide by the requirement	s established i	in rule 3701-29 of	E the Ohio				
		Such registration sha				only so			
long a	s the work peri	formed is satisfactory	to the Health	Commissioner.					
APPLIC	ANT:	(SIGNATURE)		DATE:		-			
		(oldinion)							
Year	Make	Body	→ License	ID	Capacity	Vehicle Permit Fee			
				··		1			

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		Total Vehicle	Permits:	
		Company Registra	tion Fee: 175.00	
		Т	otal Fee: 175.00	
APPLICANT	Ti .	DATE		
	(SIGNATURE)			
	(Office Use	Only)		
YEAR 2017	Registration Approved:	Registration Denied:	☐ Insurance	
Test Date: / /	Test Score:	☐ CEUs Attached	☐ Bond Attached	
DATE	RECEIPT# 	Received by:		