

2024 APPLICATION FOR REGISTRATION TO BE A SEPTIC SERVICE PROVIDER WITHIN THE JURISDICTION OF THE DELAWARE PUBLIC HEALTH DISTRICT

470 S. Sandusky Street
Delaware, OH 43015
740/368-1700

INSTRUCTIONS

The Delaware Public Health District is now accepting 2024 Registration applications for septic service providers. The instructions below outline the items needed to complete the registration process. Once all documents are completed, you may bring the items to our office or return via mail per the address listed at the top of this application.

1. Complete application form. Applicant's signature and date are required.
2. Proof of Surety Bond through Ohio Department of Health. Refer to bond packet for further details.
3. Certificate of Insurance (proof of liability insurance) for a minimum of \$500,000.00. Form must list Delaware Public Health District as the certificate holder and renewals must be on file before inspection services are received.
4. Proof you have passed the Ohio Department of Health exam for the sewage rules effective January 1, 2015.
5. 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) (Only required if registered with DPHD the previous year)
6. 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.
7. Any outstanding forms, permits, plans, service records, as-builts, start-ups, or other documentation for prior system work must have been submitted.
8. Registration fee must be paid at the time of application submittal. See delawarehealth.org for current fee schedule. Check payments should be made payable to Delaware Public Health District.

COMPANY INFORMATION

PLEASE PRINT

NAME OF COMPANY

OWNER/CONTACT

MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

CELL PHONE

APPLICANT'S SIGNATURE

DATE

E-MAIL ADDRESS

BOND COMPANY

BOND EXPIRATION DATE

FOR OFFICE USE ONLY

Registration #: _____

Date Received: _____

Receipt #: _____

Date of Receipt: _____