

# APPLICATION FOR SEPTAGE HAULERS REGISTRATION

Registration No. _____
------------------------

APPLICANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL \_\_\_\_\_

LIST OTHER CITIES OR COUNTIES WHERE COMPANY IS REGISTERED.

\_\_\_\_\_

\_\_\_\_\_

**METHOD OF DISPOSAL (Please Check):**

1. Public Sewage System \_\_\_\_\_

**Name & Location of Sewage Treatment System Plant(s)** \_\_\_\_\_

\_\_\_\_\_

2. Surface Application \_\_\_\_\_ 3. Subsurface Application \_\_\_\_\_ A. Injection \_\_\_\_\_

NUMBER OF TRUCKS WORKING IN ASHTABULA COUNTY: \_\_\_\_\_

**EQUIPMENT SPECIFICATIONS:**

Truck Brand Name	Volume	Truck License Number	Truck Body Color	Type of Application Device (spreader, injector, etc.)

**DO YOU USE TEMPORARY SEPTAGE HOLDING LAGOONS?** YES \_\_\_ NO \_\_\_

If yes, give location, size and type of temporary septage holding lagoon \_\_\_\_\_

\_\_\_\_\_

Location of septage land application/injection application site: \_\_\_\_\_

\_\_\_\_\_

Application is hereby made to the Ashtabula County Health Department, Jefferson, Ohio, for registration to engage in cleaning of sewage tanks.

The applicant hereby agrees to adhere to all the regulations of the Board of Health pertaining to the above service and understands that any violation of these regulations is sufficient cause for revocation of the registration and prosecution, as provided by law.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTH COMMISSIONER'S SIGNATURE

Application Approved \_\_\_\_\_  
Date

Application Disapproved \_\_\_\_\_  
Date

Septage Hauler Registration fee for the primary septage hauling vehicle is \$100.00,  
Plus \$80.00 for each additional septage hauling vehicle.

If registration is not renewed by January 1<sup>st</sup>, \$180.00 for primary septage hauling vehicle,  
Plus \$140.00 for each additional septage hauling vehicle.

**Submit a copy of your most recent completed Septage Hauler Truck Inspection Report form to the Ashtabula County Health Department. Contact the Ashtabula County Health Department at 440-576-6010 Option 3 between 8:00 a.m. and 10:00 a.m. if you need to make arrangements to have your septage hauling vehicles inspected by the Ashtabula County Health Department.**

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_

Your Company must be listed on the Ohio Department of Health (ODH)

Registration Number \_\_\_\_\_

Bonding List on the ODH Website before Registration in the Ashtabula

Receipt Number \_\_\_\_\_

County Health District can be processed by the Ashtabula County Health

Check Number \_\_\_\_\_

Department.

Amount \_\_\_\_\_