



Ashtabula County Health Department
12 West Jefferson St.
Jefferson, Ohio 44047
440-576-6010 Option 3

**APPLICATION FOR A REGISTRATION TO
INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS**

Application is hereby made to the Ashtabula County Health Department, Jefferson, Ohio, for a registration to install private sewage treatment systems in the Ashtabula County Combined Health District, in compliance with the regulations of the Ashtabula County Board of Health.

The applicant hereby agrees to adhere to all the regulations of the Board of Health relating to the installation of private sewage treatment systems and understands that any violation of these regulations is sufficient cause for revocation of the registration and prosecution, as provided by law.

The applicant also agrees to refrain from installing or doing any part of the work of any installation unless an installation permit has first been obtained.

COMPANY NAME: _____

COMPANY ADDRESS: _____
_____ County _____

COMPANY PHONE NUMBER: _____ CELL PHONE NUMBER _____

APPLICANT'S SIGNATURE: _____

PRINT APPLICANT'S NAME: _____

DATE: _____ EMAIL: _____

Minimum \$40,000 surety bond with the Ohio Department of Health (ODH) and Power of Attorney required for registration. *Home sewage treatment system installers that are also registered and bonded as a service provider may carry a \$15,000 bond with the Ohio Department of Health as a service provider (Submit copy of surety bond)

Name of Surety Company _____

Address of Surety Company _____

Telephone Number of Surety Company _____

Submit copy of Certificate of Completion of ODH Sewage Treatment System Contactor's Test for New Registrations. For Renewal Registrations, submit copies of (6) CEU certificates obtained in the year prior to registration year starting with 2016 registration year. Submit copy of Certificate of Liability Insurance (no less than \$500,000 coverage) with ASHTABULA COUNTY HEALTH DEPARTMENT listed as Certificate Holder.

\$150.00 Registration Fee. Check made payable to Ashtabula County Health Department or ACHD.

Office Use Only

Date: _____ Receipt No. _____

Check No: _____ Amount _____

Registration No.: _____

Date of STS Contractor Test Certificate of Completion _____ in file.

ODH Bond List _____

Your Company must be listed on the Ohio Department of Health (ODH) Bonding List on the ODH Website before Registration in the Ashtabula County Health District can be processed by the Ashtabula County Health Department.