



ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON STREET
JEFFERSON, OHIO 44047
PHONE: 440-576-6010 x 3

Date _____
 License No. _____
 Receipt No. _____
 Amount _____

WATER HAULERS APPLICATION FORM

Name of Company _____
 Address/Zip _____
 Phone _____ Cell Phone Number _____

Owner's Name _____
 Address/Zip _____
 Phone _____ Email _____

Applicant's Signature _____ Date _____

_____ Number of vehicles operating in Ashtabula County

_____ Inspection fee enclosed at **\$60.00 for the first truck and \$30.00 for each additional truck**

_____ Please check if your truck(s) are inspected and issued stickers by another health district

Name of Health District: _____

(You are required to be stickered and fees collected by only one health department.)

Source(s) of your water _____

(Must be from a **PUBLIC** supply) _____

Filling point location(s) _____

**** Due date for this application is no later than January 1st.**

***** Please call the Ashtabula County Health Department to schedule the mandatory water hauler vehicle inspection any weekday morning between 8:00 - 10:00 A.M.**

Description of vehicles (attach separate sheet if more than four vehicles)

Vehicle 1	Vehicle 2
Type _____	Type _____
Make/Model _____	Make/Model _____
Capacity (gal) _____	Capacity (gal) _____

Vehicle 3	Vehicle 4
Type _____	Type _____
Make/Model _____	Make/Model _____
Capacity (gal) _____	Capacity (gal) _____

**** All vehicles used in the transportation of potable water for human consumption shall not have previously transported any noxious or toxic substance or material and shall be clean, sanitary and protected from contamination at all times. Please note chlorination requirements in OAC 3701-28-18 (E) (F).**