



**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. 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.