



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

Registration No. _____

APPLICATION FOR SEPTAGE HAULERS REGISTRATION

APPLICANT'S NAME _____ PHONE _____

ADDRESS _____

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____ COUNTY _____

CELL PHONE NUMBER _____ 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, 12 West Jefferson St., Jefferson, Ohio 44047 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

Ashtabula County Board of Health Representative

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 1st, \$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 _____

Registration Number _____

Receipt Number _____

Check Number _____

Amount _____

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.