



# Clermont County Public Health

Prevent. Promote. Protect.

## 2025 Registration Application

Check the box that applies:	Fee
<input type="checkbox"/> <b>Septic Installer</b>	\$100.00
<input type="checkbox"/> <b>Service Provider</b> Include a list of address's under service contract	\$100.00
<input type="checkbox"/> <b>Septage Hauler</b> Include a copy of vehicles registration	\$ 50.00 (per truck)

**Company:** \_\_\_\_\_

**Owner:** \_\_\_\_\_  
(required)                      First    Last

**Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different from above)

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
Office    Cell    Fax

**E-mail Address:** \_\_\_\_\_  
(required)

**Surety Company:** \_\_\_\_\_                      **Bond No.:** \_\_\_\_\_

**Service Provider:**  
I hereby certify that I am the owner or authorized representative of the service provider company to be registered for the current year. Please indicate the type of systems you are certified to service.

Drip Subsurface \*     Orenco AX-20 \*     Scat Unit                       Other  
 Hydro Action \*     OSI ISF \*     Singulair \*  
 Millennium Mound \*     Puraflo \*     ATU-Non NPDES

\*Certificates required with registration application.

**Septage Hauler:**  
Truck Information for Septage Haulers **ONLY:**

Year	Make	Capacity (Gallons)	License Plate No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Printed Name                      Signature                      Date

OFFICE USE ONLY: License #: \_\_\_\_\_ Contractor ID # \_\_\_\_\_ Date Issued: \_\_\_\_\_