



Clermont County Public Health

Prevent. Promote. Protect.

2022 Registration Application

Check the box that applies:

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

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.

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Drip Subsurface * | <input type="checkbox"/> Orenco AX-20 * | <input type="checkbox"/> Scat Unit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hydro Action * | <input type="checkbox"/> OSI ISF * | <input type="checkbox"/> Singulair * | |
| <input type="checkbox"/> Millennium Mound * | <input type="checkbox"/> Puraflo * | <input type="checkbox"/> ATU-Non NPDES | |

***Certificates required with registration application.**

Septage Hauler:

Truck Information for Septage Haulers **ONLY:**

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

Printed Name

Signature

Date

OFFICE USE ONLY: License #:

Contractor ID #

Date Issued:

www.ccpohio.org

2275 Bauer Rd. Suite 300 Batavia Ohio 45103 | (P) 513.732.7499 | (F) 513.732.7936 | ccph@clermontcountyohio.gov

Equal Opportunity Employer/Provider