



HOCKING COUNTY HEALTH DEPARTMENT

350 St. Rte. 664 N. ~ Logan, Ohio 43138
 Phone 740-385-3030 Fax 740-385-2252

APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN HOCKING COUNTY FOR THE YEAR _____

Business Name: _____ Date: _____
 Operator Name: _____ Business ID #: _____
 Street Address: _____
 City, State, Zip: _____ Phone: _____
 Cell Phone: _____ Fax: _____ E-mail: _____
 Land Application Site: _____
 Sewage Treatment Plant Location: _____
 Bond Company: _____ Bond Expiration Date: _____

I/We hereby apply for registration to engage in the collection, transportation, disposal, and/or land application of domestic septage in the Hocking County Health District. I/We further agree to comply with the rules and regulations of Chapter 3701-29 of the Ohio Administrative Code and the Board of Health. Land application of domestic septage requires pre-approval from the Hocking County Health Department.

COMPANY REGISTRATION FEE & ONE VEHICLE \$125.00
 EACH ADDITIONAL VEHICLE \$50.00

FOR THOSE REGISTERED IN 2014, THE COMPLETED APPLICATION AND FEE MUST BE RETURNED TO THIS OFFICE ON OR BEFORE DECEMBER 31, 2015, OR A LATE FEE OF 25% OF THE REGISTRATION FEE WILL BE ASSESSED IN ACCORDANCE WITH CHAPTER 3709.09 OF THE OHIO REVISED CODE.

Please include a copy of your state bond in the amount of \$25,000, proof of \$500,000 general liability insurance, proof of passing the state exam, proof of completing 6 hours continuing education in 2015, and inspection of your truck(s).

Year	Make	Body	License	ID	Capacity	Vehicle Permit Fee

Total Vehicle Permits: _____
 Company Registration Fee: _____
 Total Fee: _____

APPLICANT _____ DATE: _____
(SIGNATURE)

(Office Use Only)

YEAR: _____ Registration Approved: _____ Registration Denied: _____

Test Date: _____ Test Score: _____ CEUs Attached Bond Attached

DATE: _____ RECEIPT #: _____ Received by: _____