



**ALLEN COUNTY**  
**PUBLIC HEALTH**  
Allen County Combined Health District

**APPLICATION FOR REGISTRATION**

I, the undersigned, hereby apply to be registered in the Allen County Combined Health District for the year of 2025.

- 1. Company Name \_\_\_\_\_
- 2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
- 3. Company Owner \_\_\_\_\_
- 4. Telephone: Business \_\_\_\_\_ Cell \_\_\_\_\_
- 5. Email \_\_\_\_\_

- \$150.00 SEWAGE TREATMENT SYSTEM **INSTALLER**
  - \$125.00 SERVICE **PROVIDERS**
  - \$150.00 SEPTAGE **HAULER** *With First Truck*    \_\_\_ \$25.00 *Per Additional Truck*
- Total number of TRUCKS** \_\_\_\_\_ (See BACK)

6. **Please provide the following documentation:**

- System Specific Training             ODH Contact Form             Exam Certificate
- Surety Bond (See back)             Power of Attorney             6 CEUs
- Liability Insurance (Not less than \$500,000)

*I hereby certify that the information contained herein is true and correct to the best of my knowledge.*

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of Applicant**

Office Use Only

DATE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_ CC \_\_\_\_\_ RECEIPT # \_\_\_\_\_

DATE REGISTRATION ISSUED \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

AUTHORIZED BY:



**VEHICLE DISCRPTION AND INFORMATION:**

**Make or Model #1** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #2** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #3** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

**Make or Model #4** \_\_\_\_\_ Year \_\_\_\_\_ Ohio License # \_\_\_\_\_

Size of Transporting Tank \_\_\_\_\_ Gallons

Please list where you dump: \_\_\_\_\_

Number of Systems (annually)	Installer		Service Provider		Septage Hauler	
	HSTS	SFOSTS	HSTS	SFOSTS	HSTS	SFOSTS
One System	Equal to System Cost	\$25,000.00	N/A	\$25,000*	\$25,000.00	\$25,000.00
More than one system	\$40,000.00		\$25,000*		\$25,000	

\* STS service provider bond requirement reduced to \$15,000 for service providers with dual registration as STS installer and STS service provider.