Application for Sewage Treatment System Contractor Registration

The following information is required for a Sewage Treatment System Contractor to operate within the jurisdiction of Richland County.

The registration fee per category is $150.00 per year (registration fee includes first septage hauler truck; each additional truck is $12.00).

Registration expires December 31 of each year.

All registration applications must be complete. The application must include the following:

- Registration Application and Fee
- Proof of a passing score of the sewage rules test
- Proof of compliance with any system-specific training, qualification, or certification
- Proof of General Liability Insurance (minimum $500,000)
- Proof of six (6) continuing education hours during the previous calendar year
- Proof of a Surety Bond. Original bond(s) paperwork must be submitted to the Ohio Department of Health. A copy of the bond(s) paperwork shall be submitted with this application for each registered category.

Business Information

Owner: ___________________________ Phone Number: ___________________________

Company Name: ____________________________________________________________

Company Street Address: _____________________________________________________

City: __________________ State: ________ County: ______________ Zip Code: __________

Company Mailing Address (if different from above): _____________________________

E-mail: ___________________________

Category of Registration

(Mark all that apply)

□ Installer (Fill out additional information in Part A and D)

□ Service Provider (Fill out additional information in Part B and D)

□ Septage Hauler (Fill out additional information in Part C and D)

Part A (Installers must complete)

Please list the types of systems you are qualified to install (Include names of manufacturers if applicable):

__________________________________________________________________________

Part B (Service Providers must complete)

All service providers must provide a copy of their certification and training to service any systems installed after January 1, 2007, meeting the requirements as set forth in OAC 3701-29-03(C)(3).

Please list the manufacturer and/or systems that you are trained and certified to service:

__________________________________________________________________________
Part C (Septage Haulers must complete)

Vehicle/Truck Information

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>License #</th>
<th>Truck Year</th>
<th>Tank Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List all disposal sites. All land application sites must be approved by the local health department having jurisdiction.

Sewage Treatment Plant

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approved Land Application Site

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part D (Installers, Service Providers and Septage Haulers must complete)

The information provided in this application is true and correct to my knowledge.

Signature: ___________________________ Date: ________________

Registration Number: ____________________________

Fee Paid | Date Paid | Receipt #
---------|-----------|----------
|          |           |           |

Registration to Install:

Approved: ___________________________ Date: ________________

Signature: ___________________________ Date: ________________

Registration to Provide Service:

Approved: ___________________________ Date: ________________

Registration to Haul Septage:

Approved: ___________________________ Date: ________________

Surety Bond Attached/ ODH Approved

Disapproved: ___________________________ Date: ________________

Signature: ___________________________ Date: ________________

Liability Insurance

Disapproved: ___________________________ Date: ________________

Signature: ___________________________ Date: ________________

Test Passed

Disapproved: ___________________________ Date: ________________

Signature: ___________________________ Date: ________________

CEU's

Disapproved: ___________________________ Date: ________________

Signature: ___________________________ Date: ________________
<table>
<thead>
<tr>
<th>Install or Relocate AWT, Sanitary or Septic Tank or other similar equipment</th>
<th>Liquid or Solid Waste Treatment System or Sanitary or Septic Tank</th>
<th>Date of Service Provider (Day/Month/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Install or Relocate AWT, Sanitary or Septic Tank or other similar equipment</td>
<td>Liquid or Solid Waste Treatment System or Sanitary or Septic Tank</td>
<td>Date of Service Provider (Day/Month/Year)</td>
</tr>
</tbody>
</table>

You have questions about activities that are not listed, you may contact the Residential Sewage Program for additional information at 614-444-7575.

This document has been prepared to provide some guidance on the activities that a contractor is allowed to perform under each category of registration. The list of activities for each category of registration is intended to provide a general idea and contractors are not necessarily limited to only the activities listed here.