



Application for Septage Pumping and Hauling Registration

INSTRUCTIONS: Complete this form and submit it to the Vinton County Health Department. Each registered vehicle must be inspected. A copy of the inspection report(s) must be attached along with any additional required information. Please follow the attached bond directions. Contact the health department to schedule an inspection, if needed. Applications are not considered complete until all information has been submitted. Applications are due prior to expiration. After December 31, a 25% late penalty will be charged as per the Ohio Revised Code 3709.09.

1. BUSINESS LOCATION (Please Print)							
County:				Phone # ())			
Contact's Name:				Fax # ())			
Name of Business:				Driver:			
Mailing Address:							
City:		State:		Zip Code:			
Street Address if Different:							
City:		State:		Zip Code:			
2. BUSINESS ORGANIZATION (Complete as Appropriate)							
Owner/Officer/Partners/Other: _____							
3. The registration fee for a hauler is \$50.00. The vehicle permit fee is \$30.00 per truck.							
YEAR OF VEHICLE	MAKE OF VEHICLE	MODEL OF VEHICLE	LICENSE TAG NO.	COLOR	VEHICLE IDENTIFICATION # (if applicable)	GALLONS CAPACITY	VEHICLE PERMIT FEE
TOTAL REGISTRATION FEE:							
LATE FEE (If Applicable):							
TOTAL FEE ENCLOSED:							
4. METHOD(S) FOR SEPTAGE DISPOSAL (CHECK ALL APPLICABLE).							
<i>† If used, a copy of the land application permit/approval along with the previous year's records must accompany this application.</i>							
List Each Facility/Permit No.	<input type="checkbox"/> WASTEWATER TREATMENT FACILITY		<input type="checkbox"/> SOLID WASTE LANDFILL		<input type="checkbox"/> LAND APPLICATION SITE [†]		
5. PUMPING RECORDS				<input type="checkbox"/> Attached		<input type="checkbox"/> Will provide during inspection	
6. INSPECTION				<input type="checkbox"/> Attached		<input type="checkbox"/> Will schedule with VCHD	
7. APPLICANT'S SIGNATURE							
I understand that this application must be amended before utilizing any disposal site not described in Section 4. I agree to comply with the Ohio Administrative Code and Vinton County's Sanitary Regulations. I understand that this registration is to haul septic tank and privy contents to an approved facility/site.							
Applicant's Name (Please Print) _____				Applicant's Signature _____		Date _____	

8. LHD USE ONLY

Truck _____ Comments: _____

Label Yes No Leakproof Yes No Pumping Records Yes No Spill Kit Yes No

Land Application Site Approval Yes No N/A Landfill Verification/Approval Yes No N/A

Wastewater Treatment Verification/Approval Yes No N/A Reinspection Required Yes No

I have reviewed this application, completed the required inspection(s) and I Approve Reject this applicant for registration.

Inspected by (Signature)

RS/SIT Number

Date Inspected

Truck _____ Comments: _____

Label Yes No Leakproof Yes No Pumping Records Yes No Spill Kit Yes No

Land Application Site Approval Yes No N/A Landfill Verification/Approval Yes No N/A

Wastewater Treatment Verification/Approval Yes No N/A Reinspection Required Yes No

I have reviewed this application, completed the required inspection(s) and I Approve Reject this applicant for registration.

Inspected by (Signature)

RS/SIT Number

Date Inspected

Truck _____ Comments: _____

Label Yes No Leakproof Yes No Pumping Records Yes No Spill Kit Yes No

Land Application Site Approval Yes No N/A Landfill Verification/Approval Yes No N/A

Wastewater Treatment Verification/Approval Yes No N/A Reinspection Required Yes No

I have reviewed this application, completed the required inspection(s) and I Approve Reject this applicant for registration.

Inspected by (Signature)

RS/SIT Number

Date Inspected

Application Approval EH Director (Signature)

RS/SIT Number

Date Approved

Date Received

Receipt #

Date Registration Issued

Bond Attached

Bond Expiration