

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
VINTON COUNTY HEALTH DEPARTMENT
31927 S.R. 93
MCARTHUR, OH 46551
Phone: 1-740-596-0473 Fax: 1-740-596-5837**

Business Name: _____ Date: _____
 Name of Operator _____ ID #: _____
 Street Address: _____ Fee: _____
 City, State, Zip: _____
 Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
 E-Mail: _____
 Bond Company: _____ Bond Expiration Date: _____

I agree to comply with all regulations of the Board of Health and the Ohio Administrative Code Chapter 3701-29. I acknowledge that my registration may be suspended or revoked for violation of these rules.

The annual fee for an installers registration shall be \$125.00 Please follow the attached bond directions.

Such registration shall remain valid until December 31 of each year or only so long as the work performed is satisfactory to the Health Commissioner.

There is a \$500.00 penalty per each occurrence for installing without an issued permit or installing without an approved registration.

Your license will expire DECEMBER 31 of each year.

APPLICANT _____ DATE: _____
 (SIGNATURE)

(Office Use Only)

YEAR _____ Registration Approved: _____ Registration Denied: _____ Insurance
 Test Date: / / _____ Score: _____ CEUs Attached Bond Attached
 DATE _____ RECEIPT # _____ Received by: _____