

## 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.

|   |                    |                                |                   |                     |   |                 | _                                    |                 |            |  |  |
|---|--------------------|--------------------------------|-------------------|---------------------|---|-----------------|--------------------------------------|-----------------|------------|--|--|
|   | INESS LOCA         | TION (Please Print)            |                   |                     |   |                 |                                      |                 |            |  |  |
| County:   |                    |                                | '                 | Phone # ( )         |   |                 |                                      |                 |            |  |  |
| Contact's Name  | <b>e</b> :         |                                | 1                 | Fax# ( )            |   |                 |                                      |                 |            |  |  |
| Name of Busine  | ess:               |                                |                   | Driver:             |   |                 |                                      |                 |            |  |  |
| Mailing Address   | S:                 |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| City: State:  |                    |                                |                   |                     | Zip Code:                                   |                 |                                      |                 |            |  |  |
| Street Address if Different:  |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| City:   |                    | State:                         |                   | Zip Code:           |   |                 |                                      |                 |            |  |  |
| 2. BUSINESS ORGANIZATION (Complete as Appropriate)  |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| Owner/Officer/Partners/Other.   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
|   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
|   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| 3. REGISTRATION OF VEHICLES TO BE USED FOR PUMPING, HAULING AND DISPOSING OF SEPTAGE  |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
|   |                    | or a hauler is \$75.00 ar      |                   |                     |   |                 |                                      | . 02. 17.0.     |            |  |  |
|   |                    |                                |                   |                     | 900.00                                      |                 |                                      |                 |            |  |  |
| YEAR OF   | MAKE OF            | MODEL OF                       |                   |                     |   | VEHICLE         |                                      | GALLONS         | VEHICLE    |  |  |
| VEHICLE   | VEHICLE            | VEHICLE                        | LICENSE TAG       | G NO.               | COLOR                                       | IDENTIFICAT     |                                      | CAPACITY        | PERMIT FEE |  |  |
|   |                    |                                |                   |                     |   | (if applicab    | ne)                                  |                 |            |  |  |
|   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
|   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
|   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
|   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| TOTAL REGISTRATION FEE:   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| LATE FEE (If Applicable):   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
|   |                    |                                |                   | TOTAL FEE ENCLOSED: |   |                 |                                      |                 |            |  |  |
| 4. METHOD(S) FOR SEPTAGE DISPOSAL (CHECK ALL APPLICABLE).  † If used, a copy of the land application permit/approval along with the previous year's records must accompany this application.  |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| ir used   | a, a copy of the i | and application permittal      | oproval along wit | n tne pre           | vious year's re                             | coras must acco | ompany                               | tnis applicatio | n.         |  |  |
| List Ea   | I I I VV           | ☐ WASTEWATER TREAMENT FACILITY |                   |                     | Solid Waste Landfill                        |                 | ☐ LAND APPLICATION SITE <sup>†</sup> |                 |            |  |  |
| Facility/Perr   |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| 5. PUMPING RECORDS  |                    |                                |                   |                     | ☐ Attached ☐ Will provide during inspection |                 |                                      |                 |            |  |  |
| 6. INSPECTION   |                    |                                |                   |                     | ☐ Attached ☐ 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  |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |
| Applicant o Traino (i Touro i Tint)  Applicant o Olymature  Date  |                    |                                |                   |                     |   |                 |                                      |                 |            |  |  |

| a LUDUCE   | OAH V   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| 8. LHD USE   | ONLY  |  |  |  |  |  |  |  |
|  | Septage Haulers Checklist Paid registration                     |  |  |  |  |  |  |  |
|  | Completed registration  |  |  |  |  |  |  |  |
| <u>-</u>   | Truck(s) inspection   |  |  |  |  |  |  |  |
|  | Certificate of sewage Treatment System Contractors Test         |  |  |  |  |  |  |  |
|  | Copy of ODH bond \$25,000.00 bond                               |  |  |  |  |  |  |  |
|  | Proof of General Liability Insurance of not less than \$500,000 |  |  |  |  |  |  |  |
|  | Sewage Pumping/Portable Toilet Pumping Reports                  |  |  |  |  |  |  |  |
|  | WWTP disposal verification                                      |  |  |  |  |  |  |  |
|  | Land application approval for 2019                              |  |  |  |  |  |  |  |
|  | 6 hours continuing education                                    |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| Application Approval EH Director (Signature) RS/SIT Number Date Approved |   |  |  |  |  |  |  |  |
| Date Received  | Receipt #   |  |  |  |  |  |  |  |
| Date Registration  | Issued Bond Attached Bond Expiration                            |  |  |  |  |  |  |  |