

Noble County Health Department (NCHD)

Sewage Treatment Systems Program:

Application for Registration

This application is intended for installers, providers, and haulers. Please attach proof of commercial general liability insurance, surety bond, CEUs, test certificate, any manufacturer training certificates, and truck inspections (hauler only).

Sewage System Installer \$210

Service Provider \$210

Septage Hauler \$210

_____ Number of trucks (Vehicle Permit \$120 per truck, \$60 additional trucks).

Make: _____	Model: _____	License Plate #: _____	# of Gallons: _____
Make: _____	Model: _____	License Plate #: _____	# of Gallons: _____
Make: _____	Model: _____	License Plate #: _____	# of Gallons: _____
Make: _____	Model: _____	License Plate #: _____	# of Gallons: _____
Make: _____	Model: _____	License Plate #: _____	# of Gallons: _____

(Use an additional sheet if registering more than five trucks.)

Company Name: _____			
Address: _____			
Company Representative Name: _____			
Telephone - Buisness: _____	Telephone - Alt-Phone: _____		
Email: _____			

I will abide by the rules and regulations as established in [OAC 3701-29](#).

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

Signature of Applicant

Please make checks payable to: Treasurer of State, please include "Revenue Code NC26" in the memo.

For Office Use Only:

Date Registered: _____

Registration Number: _____

Application

Fee Paid

Bond

Liability

CEUS

Test Certificate

Truck Inspections

Have Questions? Contact us!

NobleSTS@odh.ohio.gov

Phone Number: 614-619-6798

