

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 - Business:	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

