



# Adams County Health Department

**Public Health**  
Prevent. Promote. Protect.

Environmental Health and  
Emergency Preparedness  
923 Sunrise Avenue  
West Union, Ohio 45693  
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## APPLICATION FOR WATER HAULER REGISTRATION PRIVATE WATER SYSTEMS

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Owner/ Operator: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby requesting a license to engage in the transportation of water for human consumption in the Adams County General Health District.

This license will be issued upon the condition that all work will be done in accordance with the rules and regulation of the Ohio Private Water System rules (OAC Chapter 3701-28 and of the Adams County Board of Health.

I understand and agree to comply with all regulations concerning transportation of water for human consumption in Private Water System.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Fee: \$100.00 per Truck

**\* No Private Water Hauler license will be issued by the Adams County Health Department until all required paperwork has been submitted to this office and a vehicle inspection has been conducted.**

### Office Use Only

License Year: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Signature: \_\_\_\_\_

*Together We Care!*