

APPLICATION FOR REGISTRATION TO INSTALL  
HOUSEHOLD SEWAGE TREATMENT SYSTEMS  
ADAMS COUNTY HEALTH DEPARTMENT

923 Sunrise Ave  
WEST UNION, OH 45693  
Phone: 1-937-544-5547 Fax: 1-937-544-3035

Business Name: \_\_\_\_\_ Date: 07/27/2022

Name of Operator \_\_\_\_\_ ID #: 0

Street Address: \_\_\_\_\_ Fee: 200.00

City, State, Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

Is hereby requesting a license to engage in the construction, installation, alternation and /or extension of septic tanks, leaching fields, filter devices, and aeration systems in the Adams County General Health Distict.

The license will be issued upon the condition that all work will be done in accordance with the rules and regualtions of the Adams County Board of Health and the Ohio Sewage Treatment Systems rules (OAC 3701-29).

I under stand and agree to comply with all regualtion concerning the installation of household wastewater treatment systems. I further agree to schedue inspections at least 24 hours in advance.

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

\*\*\*\*No Installer license will be issued by the Adams County Health Department until all required paperwork has bee nsubmitted to the Ohio Department of Health and it is apporved and posted on thier website.

(Office Use Only)

YEAR 2022  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance

Test Date: / / \_\_\_\_\_ Score: \_\_\_\_\_  CEUs Attached  Bond Attached

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_