

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

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

Operator's Name: _____ ID #: 14

Street Address: _____ Fee: 0.00

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____

E-Mail: _____

Bond Company: _____ Bond Expiration Date: / /

Types of Systems/Components Serviced: _____

Is hereby requesting a license to engage in the servicing, monitoring, evaluating and sampling of sewage treatment systems and gray water recycling systems 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 regulations of the Adams County Board of Health and the Ohio Sewage Treatment Systems rules (OAC 3701-29).

I understand and agree to comply with all regulations concerning the servicing, monitoring, evaluating and sampling of household wastewater treatment systems.

Applicant Signature: _____ Date: _____

***NO Service Provider licenses will be issued by the Adams County Health Department until all required paperwork has been submitted to the Ohio Department of Health, it is approved and posted on their website.

APPLICANT _____ DATE: _____

(SIGNATURE)

(Office Use Only)

YEAR 2022 Registration Approved: _____ Registration Denied: _____ Insurance

Test Date: / / Score: _____ CEUs Attached Bond Attached

DATE _____ RECEIPT # _____ Received by: _____