

**PICKAWAY COUNTY GENERAL HEALTH DISTRICT**

P.O. BOX 613 CIRCLEVILLE, OHIO 43113

Phone: (740) 477-9667 ♦ Fax: (740) 474-5523 ♦ Clinical Health Fax (740) 420-6102



**SEWAGE TREATMENT SYSTEMS HOMEOWNER INSTALLER APPLICATION**  
**PLEASE FILL IN ALL INFORMATION BELOW ON PAGE 1 AND PAGE 2, SIGN AND DATE**

RETURN TO: PICKAWAY COUNTY GENERAL HEALTH DISTRICT  
ATTN: ENVIRONMENTAL HEALTH DEPARTMENT  
110 ISLAND RD., 2<sup>ND</sup> FLOOR, SUITE C  
P.O. BOX 613  
CIRCLEVILLE, OH 43113

HOMEOWNER INSTALLER  
REGISTRATION APPLICATION

DATE: \_\_\_\_\_

I, \_\_\_\_\_  
HEREBY APPLY FOR REGISTRATION TO PERFORM THE SERVICES AS A SEWAGE SYSTEM INSTALLER FOR  
THE INSTALLATION OF THE SEWAGE TREATMENT SYSTEM FOR MY OWNER OCCUPIED HOME IN THE  
PICKAWAY COUNTY GENERAL HEALTH DISTRICT.

HOMEOWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

I AGREE TO COMPLY WITH ALL RULES AND REGULATIONS SET FORTH UNDER OHIO REVISED CODE 3718  
AND OHIO ADMINISTRATIVE CODE 3701-29 AND UNDERSTAND THIS REGISTRATION IS ONLY VALID FOR  
THE INSTALLATION OF THE SEWAGE TREATMENT SYSTEM THAT WILL SERVICE MY HOME. I ALSO  
UNDERSTAND THE PICKAWAY COUNTY BOARD OF HEALTH RECOMMENDS I OBTAIN A SURETY BOND  
ENOUGH TO COVER THE COST OF THE INSTALLATION OF THE SEWAGE TREATMENT SYSTEM AS WELL AS  
GENERAL LIABILITY INSURANCE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

.....  
DATE: \_\_\_\_\_

REG. NO. \_\_\_\_\_

RECEIPT#: \_\_\_\_\_

CLERK: \_\_\_\_\_

