

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



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December 1, 2016

Re: 2017 Pickaway County Sewage Treatment System Installer Registration

Dear Pickaway County Registered Sewage Treatment System Installers:

Enclosed you will find the application to register as a sewage treatment system installer in the Pickaway County General Health District for 2017. **If you plan to renew your Pickaway County registration for the 2017 year, you will need to submit the following in order to perform the services as a sewage treatment system installer:**

1. Registration Application along with sewage treatment system installer registration fee \$195.00.
2. Proof of passing the Testing Requirements
3. Copy of 6 CEU Certification received in 2016 for the 2017 licensing year
4. Proof of compliance with any system specific training, qualification, or certification required as a condition of a system's approval by the director.
5. A copy of your General Liability insurance of not less than \$500,000 (Original must go to The ODH)
6. A copy of your company surety bond (original to be filed with Ohio Department of Health)
7. Any outstanding forms, permits, plans, service records, or other documentation for prior installed system work that have not been submitted to the local health district.

Please remember, your registration must be completed and approved prior to conducting any work or performing services of a sewage treatment systems installer in Pickaway County in 2017.

Any of the above information missing with your application will result in everything being returned to your office. No approved registration will take place without ALL of the required documentation enclosed with your application and \$195.00 fee. Please contact our office if you need any assistance or question. We can be reached at 740-477-9667 ext 225.

Respectfully,

Kelly Dennis, RS
Environmental Health Director
Pickaway County General Health District

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**2017 SEWAGE SYSTEM INSTALLER
REGISTRATION APPLICATION**

DATE: _____

I, _____ HEREBY APPLY FOR REGISTRATION TO PERFORM
THE SERVICES AS A SEWAGE SYSTEM INSTALLER IN THE PICKAWAY COUNTY GENERAL HEALTH DISTRICT.

BUSINESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE #: () _____ CELL PHONE:() _____ FAX:() _____

EMAIL ADDRESS: _____

I AGREE TO COMPLY WITH ALL RULES AND REGULATIONS SET FORTH UNDER OHIO REVISED CODE 3718 AND
OHIO ADMINISTRATIVE CODE 3701-29.

APPLICANT'S SIGNATURE

DATE

Do not write below the line Health Department use only.
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FEE PAID: _____ DATE: _____ REG. NO. _____

RECEIPT#: _____ CLERK: _____