

# 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 Service Provider Registration Application

Dear Service Providers:

Enclosed you will find the 2017 application to register to provide services as a Sewage Treatment System Service Provider in the Pickaway County General Health District in 2017. Your 2017 application must include the following:

1. Registration Application along with service provider registration **fee \$195.00**.
2. Proof of passing the Testing Requirements.
3. Proof of compliance with any system specific training, qualification, or certification required as a condition of a system's approval by the director.
4. Proof of General Liability insurance of not less than \$500,000 (original to be filed with Ohio Department of Health and a copy provided with your registration application)
5. Proof of a surety bond (original to be filed with Ohio Department of Health and a copy provided with your registration application)
6. Submit a copy of the completed ODH surety bond and liability insurance applications to the Pickaway County General Health District.
7. Proof of 6.0 hours of continuing education credits completed during the calendar year of 2016.
8. **Include all outstanding forms, service reports, or other documentation for work completed during 2016 for service provider services that have not been submitted to the local health district for review. Failure to submit required reports will result in disapproval of your 2017 registration.**

Renewals for your 2017 registration will not be approved until all of the above documents are submitted to our office. If ALL documents are not received with your application and fee all items will be returned to you explaining what you are missing.

The registration fee for the 2017 year is \$195.00.

Please contact our office at 740-477-9667 Ext 225 if you have questions or need assistance.

Respectfully,

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

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**2017 Pickaway County STS Service Provider Registration Application**

**PLEASE FILL OUT ALL INFORMATION ON PAGE 1 AND RETURN THE FEE ALONG WITH APPLICATION AND A COPY OF YOUR STATEWIDE BOND TO THE PICKAWAY COUNTY GENERAL HEALTH DISTRICT:**

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

I, \_\_\_\_\_,  
HEREBY APPLY FOR REGISTRATION TO PERFORM SERVICES AS A SEWAGE TREATMENT SYSTEM SERVICE PROVIDER IN THE PICKAWAY COUNTY GENERAL HEALTH DISTRICT DURING 2015.

**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.

I AM ALSO REGISTERING IN HEALTH DISTRICT (S). \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(APPLICANT/OWNER)

\_\_\_\_\_  
(DATE)

