

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



Pickaway County Homeowner STS Service Provider Registration Application

PLEASE FILL OUT ALL INFORMATION and RETURN APPLICATION TO:

PICKAWAY COUNTY GENERAL HEALTH DISTRICT

ATTN: ENVIRONMENTAL HEALTH

P.O. BOX 613

CIRCLEVILLE, OH 43113

DATE: _____

I, _____,

HEREBY APPLY FOR REGISTRATION TO PERFORM SERVICES AS A SEWAGE TREATMENT SYSTEM SERVICE PROVIDER FOR THE SYSTEM THAT SERVICES MY HOME THAT IS LOCATED IN THE PICKAWAY COUNTY GENERAL HEALTH DISTRICT.

HOMEOWNER NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE #: _____

ADDRESS: _____ CITY: _____

I AGREE TO COMPLY WITH ALL RULES AND REGULATIONS SET FORTH UNDER OHIO REVISED CODE 3718 AND OHIO ADMINISTRATIVE CODE 3701-29 AND UNDERSTAND THAT THIS REGISTRATION IS VALID FOR PERFORMING SERVICES ON MY HOME'S SYSTEM ONLY AND NO OTHER SYSTEMS.

(APPLICANT/OWNER)

(DATE)

THIS APPLICATION WILL NOT BE APPROVED UNTIL YOU PROVIDE EVIDENCE THAT YOU HAVE SUCCESSFULLY PASSED THE SEWAGE SYSTEM CONTRACTOR EXAM. A paper copy of the exam can be taken at our office for \$15.00 or online for free.

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Planning • Developing
Educating • Implementing