

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN
FAIRFIELD COUNTY FOR THE YEAR 2018**

**FAIRFIELD DEPARTMENT OF HEALTH
1550 SHERIDAN DR SUITE 100
LANCASTER, OH 43130
Phone: 1-740-652-2800 Fax: 1-740-653-8556**

Business Name: _____ Date: _____
 Operator Name: _____ Business ID #: _____
 Street Address: _____
 City, State, Zip: _____ Phone: _____
 Cell Phone: _____ Fax: _____ E-Mail: _____
 Land Application Site: _____
 Sewage Treatment Plant Location: _____
 Bond Company: _____ Bond Expiration Date: _____

I/We hereby apply to register to haul septage waste in Fairfield County.
 I/We hereby agree to comply with the rules and regulations of the Ohio Department of Health.
 I/We further agree to meet all testing requirements; to meet training requirements; to meet truck inspection requirements; to dispose of septic tank wastes at disposal sites or at approved county or municipal sewage treatment plants only; and to provide a list of systems pumped along with the location of the disposal site.

PLEASE REMIT REGISTRATION FEE

Year	Make	Body	License	ID	Capacity	Vehicle Permit Fee
Total Vehicle Permits:						
Company Registration Fee:						
Total Fee:						

APPLICANT _____ DATE: _____
 (SIGNATURE)

 (Office Use Only)

YEAR 2018 Registration Approved: _____ Registration Denied: _____ Insurance
 Test Date: / / Test Score: _____ CEUs Attached Bond Attached
 DATE _____ RECEIPT # _____ Received by: _____