

**APPLICATION FOR REGISTRATION TO INSTALL  
HOUSEHOLD SEWAGE TREATMENT SYSTEMS  
FAIRFIELD COUNTY HEALTH DEPARTMENT  
1550 Sheridan Dr, Suite 100  
LANCASTER, OH 43130  
Phone: 1-740-652-2813 Fax: 1-740-653-8556**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator \_\_\_\_\_ ID #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fee: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

Application is hereby made to the Fairfield County General Health District to install sewage treatment systems or the repair of such and agreeing to conform with all regulations of the Ohio Department of Health; also agreeing to follow, without change, all accompanying plans and locations as designated by the sanitarian or to consult with a sanitarian of changes or adjustment in such plans; and to notify the Health Department for inspection before such work as stated above has been covered. Suspension or revocation of registration can occur at any time for failure to comply with the regulations or statutes.

\*\*PLEASE REMIT REGISTRATION FEE\*\*

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

YEAR 2022       Registration Approved: \_\_\_\_\_       Registration Denied: \_\_\_\_\_       Insurance  
Test Date: / / \_\_\_\_\_      Score: \_\_\_\_\_       CEUs Attached       Bond Attached  
DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_