

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
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: _____
Name of Operator _____ ID #: _____
Street Address: _____ Fee: 233.00
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 2018 Registration Approved: _____ Registration Denied: _____ Insurance
Test Date: / / Score: _____ CEUs Attached Bond Attached
DATE _____ RECEIPT # _____ Received by: _____