

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

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's Name: _____ ID #: _____

Street Address: _____ Fee: 233.00

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____

E-Mail: _____

Bond Company: _____ Bond Expiration Date: / /

Types of Components Served: _____

Application is hereby made to the Fairfield County General Health District to operate as a Service Provider for sewage treatment systems (STS) and agreeing to conform with all regulations of the Ohio Department of Health Regulation; to meet training requirements; to provide manufacturer and/or general O&M information to the owner; to understand the treatment processes, all O&M requirements and servicing schedule for any STS; to conduct routine O&M services on schedule and according to requirements; to provide to the owner a report of the services conducted; and also to provide to the Fairfield Department of Health the start up and ending of all service contracts.

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: _____