

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

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: _____

Operator's Name: _____ ID #: _____

Street Address: _____ Fee: _____

City, State, Zip: _____

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

E-Mail: _____

Bond Company: _____ Bond Expiration Date: / /

Types of Systems/Components Serviced: _____

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 _____ ☐ Registration Approved: _____ ☐ Registration Denied: _____ ☐ Insurance

Test Date: / / Score: _____ ☐ CEUs Attached ☐ Bond Attached

DATE _____ RECEIPT # _____ Received by: _____