

**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: 265.00
 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 2022 Registration Approved: _____ Registration Denied: _____ Insurance
 Test Date: / / _____ Score: _____ CEUs Attached Bond Attached
 DATE _____ RECEIPT # _____ Received by: _____