

2025 Sewage Treatment System (STS) Contractor Registration Application

Registration Type (PLEASE CHECK THE APPROPRIATE BOX(ES)):		
<input type="checkbox"/> STS Installer	<input type="checkbox"/> STS Service Provider	<input type="checkbox"/> STS Septage Hauler

Complete the following information – Please print legibly – Make any necessary changes

Business Information		
Name of Business:		Date:
Business Address:		
City:	State:	Zip Code:
Business Phone:	Alternate Phone:	Fax:
Email Address:		
Owner/Applicant Information		
Name:		
Address:		<input type="checkbox"/> Same as Above
City:	State:	ZIP Code:
Email:		Phone:
Septage Haulers (See Back of Form for Listing of All Trucks)		
Disposal Location(s):		Number of Trucks:
Service Providers – Check all types of systems your company services – *Some systems require certification from manufacturer or specialized training – Please see new Evaluation Form for evaluation of systems. <input type="checkbox"/> Aeration Units: <input type="checkbox"/> *Jet <input type="checkbox"/> *Norweco <input type="checkbox"/> *Multiflo <input type="checkbox"/> *Nayadic <input type="checkbox"/> *Other: _____ <input type="checkbox"/> Pre-2007 Units <div style="background-color: yellow; text-align: center; padding: 2px;">MUST submit documentation of certifications for each specific manufacturer of aeration units for 2007-present installations.</div> <input type="checkbox"/> Leaching Tile Fields <input type="checkbox"/> Sand Filter Beds <input type="checkbox"/> Mounds <input type="checkbox"/> Other: _____		
Application Must Include the Following: (Incomplete applications will not be processed)		
<input type="checkbox"/> Registration Fee: Installers-\$200.00 / Service Providers-\$200.00 Haulers- \$100.00 (First Vehicle) - Add'l Hauler Vehicle(s) - \$100 each		Septage
<input type="checkbox"/> Proof of compliance with any system specific training, qualifications, or certification required as a condition of a system's approval by the director. Documentation must be submitted.		
<input type="checkbox"/> Proof of completion of 6 continuing education hours during the 2024 calendar year for 2025 RENEWAL		
<input type="checkbox"/> Proof of Surety Bond (See Instructions to Bonding Company for specific bond requirements) Submit ORIGINAL with signatures & seal to the Ohio Department of Health Submit Copy to Wood County Health Department		
Bonding Company:		Expiration Date:
<input type="checkbox"/> Proof of General Liability Insurance of not less than \$500,000.00		
Insurance Company:		Expiration Date:
<input type="checkbox"/> Any outstanding forms, permits, plans, service records, or other documents for prior system work that have not been submitted to the Wood County Health Department.		
I, the undersigned, hereby make application for the Wood County Registration to perform work as an Installer, Service Provider, and/or Septage Hauler as defined in the Ohio Administrative Code, Section 3701-29. I understand that this registration is not complete until the Wood County Health Department has reviewed, approved, and processed the information (Submitting a registration application does not guarantee registration or immediate registration). Registration must be complete prior to conducting any work on a sewage treatment system in Wood County.		
Signature of applicant		Date
*****OFFICE USE ONLY*****		
<input type="checkbox"/> Registration Approved		<input type="checkbox"/> Registration Denied
		<input type="checkbox"/> ODH Bond List Verified
Date Received:	Receipt #:	Received By:



Contractor Registration Application

REVISÉ 10/09/2024