



Registration Type: (PLEASE CHECK ALL THE APPROPRIATE BOX(ES) IN WHICH YOU ARE REGISTERING FOR WITH WCHD)

☐ STS Septage Hauler ☐ STS Installer ☐ STS Service Provider ☐ STS Self Installer

Complete the following information – Please print legibly

Business Information

Name of Business:

Business Address:

Mailing Address: ☐ Same as Above

City: State: Zip Code:

Business Phone: Alternate Phone:

Email Address:

Owner/Applicant Information

Owner Name:

Address: ☐ Same as Business

City: State: ZIP Code:

Phone: Alternate Phone:

Email:

Sewage Truck Information:

(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.

MUST submit documentation of certifications for each specific manufacturer of aeration units for 2007-present installations.

☐ Leaching Tile Fields ☐ Sand Filter Beds ☐ Mounds ☐ Other: _____

Aeration Units:

☐ *Jet ☐ *Norweco ☐ *Multiflo ☐ *Nayadic ☐ Pre-2007 Units ☐ *Other: _____

Application Must Include the Following:

(Incomplete applications will not be processed)

☐ **Registration Fee:** Installers: \$200.00 Service Providers: \$200.00
Septage Haulers: \$100.00 (First Vehicle)-Add 'I Hauler Vehicle(s)-\$100 ea.

☐ Proof of Surety Bond
(See Instructions to Bonding Company for specific bond requirements)
Submit ORIGINAL with signatures & seal to the Ohio Department

☐ Proof of General Liability Insurance
(not less than \$500,000.00)

☐ Proof of completion of 6 continuing education hours
during the 2025 calendar year for 2026 RENEWAL

☐ Proof of State Test for Sewage Contractors
(only newly registering contractors OR if WCHD does not have it on file)

☐ 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.

Bonding Company: Expiration Date:

Insurance Company: Expiration Date:

☐ Registering as a Self-Installer - **Must be Owner/Occupied to replacement or Alter an existing system on the property.**

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

Additional Truck Information * Septage Haulers Only		
Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

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License Plate No.:	Capacity:	

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License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

*****office use only*****		
<input type="checkbox"/> Registration Approved	<input type="checkbox"/> Registration Denied	<input type="checkbox"/> ODH Bond List - Date Verified:
Receipt #:	Date Submitted:	Date Approved: