



# HARRISON COUNTY

## General Health District

538 North Main Street • Suite G • Cadiz, OH 43907-1282  
Phone: (740) 942-2616 • Fax: (740) 942-9331  
E-mail: harrcohd@odh.ohio.gov

### APPLICATION FOR SEWAGE TREATMENT SYSTEM INSTALLER REGISTRATION FEE: \$225.00

I, the undersigned, herewith make application for registration to install or alter household sewage treatment systems or part thereof in Harrison County, Ohio according to the Harrison County Sanitary Sewage Code, Chapter 3701-29 Effective January 1, 2015. A registrant that is a partnership, corporation, or other business association, shall designate one partner, officer, or other responsible full-time employee who shall be the company's representative registrant.

Business Name	
Name of Owner or Operator	
Business Street Address	
City, State, and Zip	
Business Phone	Home / Cell Phone

The following may be submitted at registration and will be provided in our list of registered installers:

General Liability Insurance (\$500,000): YES / NO

Bond Form (\$40,000): YES / NO

State Exam Taken and Passed (provide proof): YES / NO

Demonstration of Competency (provide proof):  
\_\_\_\_\_ Registered through NEHA  
\_\_\_\_\_ Completed 6.0 CEHs per year approved by ODH

I further agree that if granted registration, I will abide by the provisions set forth in the Harrison County Sanitary Sewage Code, Chapter 3701-29 inclusive. Under 3701-29-3 Every registrant shall warrant that the STS has been installed in accordance with all applicable rules, layout, and/or design specifications. An as-built record shall be required to be completed by the registered installer for a completed STS installation or alteration as a condition of the installation or alteration permit and as a condition of registration within 30 days of completion. This information is required to determine compliance with rules 3701-29-1 to 3701-29-23. I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	DATE
TITLE OF APPLICANT	

DO NOT WRITE BELOW THIS LINE

Date Application Received

Amount Paid

Permit Number

Permit Valid from

to

Application Approved:

Date:



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Please list any certification, training, qualification conditions for a component or system you hold in the space provided below. Please provide copies of certifications etc. as proof of compliance.

Manufacturer of Component/System	Mailing Address and Phone Number where obtained	Date Obtained	Expiration Date

**Provide Primary Equipment Information Used in Sewage Installation:**

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Signature of Applicant	Date
Title of Applicant	