

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN  
WARREN COUNTY FOR THE YEAR 2018**

**WARREN COUNTY COMBINED HEALTH DISTRICT  
416 SOUTH EAST ST.  
LEBANON, OH 45036  
Phone: 1-513-695-1220 Fax: 1-513-695-2941**

Business Name: \_\_\_\_\_ Date: 01/02/2018  
 Operator Name: \_\_\_\_\_ Business ID #: 0  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Land Application Site: \_\_\_\_\_  
 Sewage Treatment Plant Location: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

I/we hereby apply for a registration to haul septage in Warren County during the year of 2018.

I/we agree to comply with Ohio Administrative Code 3701-29 and the Warren County Combined Health District Board of Health Rules and Regulations pertaining to household sewage treatment systems. I/we have a copy of the rules and regulations and understand the provisions contained therein.

I/we further agree to dispose of septic tank wastes at approved county or municipal sewage treatment plants or at an approved land application site.

**Note: FORM MUST BE TOTALLY COMPLETED BEFORE PERMIT WILL BE ISSUED.**

Year	Make	Body	License	ID	Capacity	Vehicle Permit Fee
						25.00
Total Vehicle Permits:						25.00
Company Registration Fee:						80.00
Total Fee:						105.00

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
 (SIGNATURE)

(Office Use Only)

YEAR 2018       Registration Approved: \_\_\_\_\_       Registration Denied: \_\_\_\_\_       Insurance

Test Date:  / /      Test Score: \_\_\_\_\_       CEUs Attached       Bond Attached

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_