



**Warren County Health District**

416 South East Street  
Lebanon, Ohio 45036  
513-695-1220

**Registration Application for Sewage Treatment System Service Provider**

2020 Registration Fee: **\$90.00**

I \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ hereby apply for registration as a Sewage

Treatment System Service Provider in the Warren County Health District.

Business name and address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

I 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 have a copy of these rules and Regulations and understand the provisions contained therein.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\* REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR \*\*\*\*\*

Registration No. \_\_\_\_\_  
(Office Use Only)

Approved by: \_\_\_\_\_  
(Office Use Only)