



Warren County Health District

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

Registration Application for Sewage Treatment System Service Provider

2025 Registration Fee: **\$100.00**

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)