HSTS Septage Installer Registration

181 S. Main St. Marion, Ohio 43302



•	740-692-9117	sgabel@marionpubliche	ealth.org	www.marionpublichealth.org
Business Name				
Contractor or Installer's Name				
Stre	et Address			
City	, State, Zip		Email	
Puoi	ness Phone			
busi	TIESS FITOTIE		Cell Ph	none
Instructions 1. Complete registration form. Applicant's signature and date are required. 2. Surety Bond for a minimum of \$40,000 .that was sent to the Ohio Department of Health (ODH) 3. Current Certificate of Insurance (proof of liability insurance). 4. Proof of passing State Sewage Test. 5. Proof of compliance with system specific trainings. 6. Proof of 6 CEU's during the current calendar year. 7. Submit \$200.00 Base Registration. Check payments made payable to Marion Public Health. 8. Any missing paperwork, i.e., ODH pump Reports and Tank abandonment forms, Start up Sheets for Mound installations, missing "As Built" for new installs, etc.				
Ap	plicant's Signatu	ire	Date	
BEFO	-	ill be issued, your bond MUST be appr IONS ARE DUE BY JANUARY 1S	•	bmission of all above required documentation TE FEE WILL BE CHARGED***

FOR OFFICE USE ONLY

Receipt # _ _Date Received: _ Registration #