

# HSTS Septage Service Provider Registration

Marion Public Health  
181 S. Main St. Marion, Ohio 43302



740-692-9117

sgabel@marionpublichealth.org



www.marionpublichealth.org

Business Name

Contractor or Installer's Name

Street Address

City, State, Zip

Email

Business Phone

Cell Phone

Types of Systems/Components Serviced:

## Instructions

1. Complete registration form. Applicant's signature and date are required.
2. Surety Bond for a minimum of \$25,000 .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 remaining service records.

**Applicant's Signature**

**Date**

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**BEFORE your registration will be issued, your bond MUST be approved by ODH and submission of all above required documentation.  
\*\*\*REGISTRRTIONS ARE DUE BY JANUARY 1ST, 2025 OR A LATE FEE WILL BE CHARGED\*\*\***

**FOR OFFICE USE ONLY**

Receipt # \_\_\_\_\_ Date Received: \_\_\_\_\_ Registration # \_\_\_\_\_