## **HSTS Septage Hauler Registration**

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

Receipt #



•	740-692-9117	<b>∑</b> sgabel@mario	onpublichealth.org	www.marionpublic	health.org
Bus	iness Name				
Cor	ntractor or Installe	er's Name	Sewe	age Treatment Plan Loc	cation
Stre	et Address				
				•1	
City	, State, Zip		Emo	II	
Bus	siness Phone		Cell	Phone	
Year	r Make	Body	Lic Plate #	Capacity	Vehicle Fee
				Base Registration	\$100.00
				Vehicle Registration Fee	
				Total Fee	
2. Sur 3. Cur 4. Pro 5. All   6. Pro 7. Sub to N	ety Bond for a min rent Certificate of of of passing Stat pump reports subi of of 6 CEU's duri	imum of \$25,000 the Insurance (proof of e Sewage Test. mitted MPH electrong the current caler Registration Fee parts.	•	Department of Health (O	,
BEFOR			MUST be approved by ODH and ANUARY 1ST, 2025 OR A I		
		F	OR OFFICE USE ONLY	7	

Registration #

\_Date Received:

## **HSTS Septage Hauler Registration**

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



740-692-9117

sgabel@marionpublichealth.org



www.marionpublichealth.org

**Business Name** 

Year	Make	Body	Lic Plate #	Capacity	Vehicle Fee	