## HSTS Septage Installer Registration

181 S. Main St. Marion, Ohio 43302

Receipt # \_



•	740-692-9117	sgabel@mario	npublichealth.org	www.marionpublichealth.org
Busir	ness Name			
Contractor or Installer's Name				
Stre	et Address			
City	, State, Zip		Emo	lin
	- Bi			
Busi	ness Phone		Cell	Phone
<ol> <li>Complete registration form. Applicant's signature and date are required.</li> <li>Surety Bond for a minimum of \$40,000 .that was sent to the Ohio Department of Health (ODH)</li> <li>Current Certificate of Insurance (proof of liability insurance).</li> <li>Proof of passing State Sewage Test.</li> <li>Proof of compliance with system specific trainings.</li> <li>Proof of 6 CEU's during the current calendar year.</li> <li>Submit \$200.00 Base Registration. Check payments made payable to Marion Public Health.</li> <li>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.</li> </ol>				
Ар	plicant's Signatu	ure	Date	
BEFO		• •	• • • • • • • • • • • • • • • • • • • •	submission of all above required documentation  LATE FEE WILL BE CHARGED***

FOR OFFICE USE ONLY

\_ Registration #

\_Date Received: