HSTS Septage Installer Registration

181 S. Main St. Marion, Ohio 43302



| • | 740-692-9117 | sgabel@marionpublich | ealth.org | www.marionpublichealth.org |
|--|-------------------|---|-----------|---|
| Business Name | | | | |
| | | | | |
| Contractor or Installer's Name | | | | |
| | | | | |
| Stre | et Address | | | |
| | | | | |
| City | , State, Zip | | Email | |
| Puoi | ness Phone | | | |
| Busi | ness Phone | | 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 app IONS ARE DUE BY JANUARY 1 | • | ubmission of all above required documentation TE FEE WILL BE CHARGED*** |

FOR OFFICE USE ONLY

Receipt # _ _Date Received: _ Registration #