Clermont County Public Health

Prevent. Promote. Protect.

2017 Registration Application

Check the box that applies:	Fee
☐ **Septic Installer**	$100.00
☐ **Service Provider**	$100.00
Include a list of address's under service contract	
☐ **Septage Hauler**	$ 50.00 (per truck)
Include a copy of vehicles registration	

Company: _____

Address: _____

Mailing Address: _____
(if different from above)

City, State, Zip: _____

Phone: _____
Office **Cell** **Fax**

E-mail Address: _____
(required)

Surety Company: _____ **Bond No.:** _____

Service Provider:

I hereby certify that I am the owner or authorized representative of the service provider company to be registered for the current year. Please indicate the type of systems you are certified to service.

☐ Drip Subsurface *	☐ Orenco AX-20 *	☐ Scat Unit	☐ Other
☐ Hydro Action *	☐ OSI ISF *	☐ Singulair *	
☐ Millennium Mound *	☐ Puraflo *	☐ ATU-Non NPDES	

***Certificates required with registration application.**

Septage Hauler:

Truck Information for Septage Haulers **ONLY**:

Year	Make	Capacity (Gallons)	License Plate No.
Year	Make	Capacity (Gallons)	License Plate No.
Year	Make	Capacity (Gallons)	License Plate No.

_____ _____ _____

Printed Name Signature Date

OFFICE USE ONLY: License #: _____ **Contractor ID #** _____ **Date Issued:** _____

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Equal Opportunity Employer/Provider