APPLICATION TO REGISTER AS A HOME SEWAGE TREATMENT SYSTEM **SEPTAGE HAULER**

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

999 East Main Street, Ravenna, OH 44266 Phone: 330-296-9919 Fax: 330-297-3597

Business Name:		Date:
Operator's Name:		ID #:
Address:		Fee:
City, State, Zip:		
Phone #: Cell #:		Fax #:
Email:		
Bond Company: Bond Expiration		e:
Insurance Company:	Insurance Exp. Date)
Make and model of truck:		
Truck number:		
Vehicle license plate number:		
Tank capacity:		
Are vehicle markings compliant (company name and	phone # readily legible during d	laylight hours
from a distance of 50 feet while the vehicle is station	onary)?	Yes No
Is the truck number marked on the sides and/or rear of	f the truck?	Yes No
Are you operating any additional trucks in Portage Co	unty?	Yes No
(if yes, please submit additional truck registration i	nformation sheet(s))	
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