

**APPLICATION TO REGISTER AS A HOME SEWAGE TREATMENT SYSTEM
SERVICE PROVIDER**

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 Date: _____

Insurance Company: _____ Insurance Exp. Date: _____

Manufacturers/distributors whose products you have been authorized to service--

(please list all that apply and submit written confirmation of approval from each with this application):

When registering as a Service Provider, please check all that apply:

_____ HSTS inspections/evaluations (i.e. real estate/point-of-sale inspections).

_____ HSTS effluent sample collection for lab analysis.

_____ Routine monitoring and maintenance in accordance with operation permit requirements and/or replacement of mechanical devices or damaged parts.

I agree to comply with the Sewage Treatment System Rules as outlined in the Ohio Administration Code 3701-29 and any other local, state or federal rules that may apply.
I hereby certify that the information contained on this form and any other information provided for the purpose of becoming registered is correct and up to date.

Applicant's Name _____ Date _____

(Office use only)

Year _____ Registration Approved _____ Registration Denied: _____ Registration # _____

Test Date: _____ Score: _____ Bond Attached Insurance Attached

Date Paid _____ Receipt # _____ Check # _____ CEUs Attached