

APPLICATION FOR REGISTRATION TO INSTALL  
HOUSEHOLD SEWAGE TREATMENT SYSTEMS  
MEIGS COUNTY HEALTH DEPARTMENT

112 E. Memorial Drive  
POMEROY, OH 45769

Phone: 1-740-992-6626 Fax: 1-740-992-0836

Business Name: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator \_\_\_\_\_ ID #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fee: 100.00  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

This permit is issued upon condition that all work be in accordance with the rules and regulations of the Board of Health of the Meigs County General Health District and the State of Ohio. As a registered installer you shall provide of compliance with any training, qualification, or certification conditions required for a component or system and shall comply with any installation instructions in accordance with an installation permit issued by the Meigs County General Health District. You shall warrant each STS has been installed accordingly to all applicable rules and specifications. You shall provide an as-built record for each completed installation. Upon finding that a person intentionally has violated the rules and regulations of the State of Ohio or the Meigs County General Health District, the Board of Health may suspend or revoke this registration and may have the court pursue a civil penalty for each day of violation against the person.

This registration expires on December 31, 2020

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

YEAR 2020  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance  
Test Date:  / / Score: \_\_\_\_\_  CEUs Attached  Bond Attached  
DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_