

Meigs County Health Department
112 E. Memorial Drive Suite A
Pomeroy, Ohio 45769



Phone: (740) 992-6626
Fax: (740) 992-0836
www.meigs-health.com

Sewage Treatment Systems Installer, Service Provider and/or Septage Hauler,

According to the Ohio Administrative Code Section 3701-29-03, anyone performing the services of a sewage treatment system installer, a septage hauler, and/or a service provider in Meigs County is required to be licensed by the Board of Health. The registration process requires the following information for each license category.

Sewage Treatment System Installer:

1. Complete the application provide with this letter
2. Fee(s): \$100.00 (non-refundable) application fee
3. Surety bond for the amount of \$40,000 on forms provided by the Ohio Department of Health, <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/forms/2019-sewage-installer-bond>
4. Evidence of passing the installer examination provided by the Operator Training Committee of Ohio, <https://www.otco.org/sts-program.html>
5. Evidence of general liability insurance for no less than \$500,000

Septage Hauler:

1. Complete the application provide with this letter
2. Fee(s): \$100.00 (non-refundable) application fee plus \$25 per vehicle to be used in the county
3. Surety bond for the amount of \$25,000 on forms provided by the Ohio Department of Health
4. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/forms/2019-septage-hauler-bond-package>
5. Evidence of passing the examination provided by the Operator Training Committee of Ohio <https://www.otco.org/sts-program.html>
6. Documentation of approval of any land application sites or agreements with POTW's for all septage disposal
7. Evidence of general liability insurance for no less than \$500,000

Sewage Treatment System Service Provider:

1. Complete the application provide with this letter
2. Fee(s): \$100.00 (non-refundable) application fee unless licensed as an installer or hauler
3. Surety bond for the amount of \$25,000 on forms provided by the Ohio Department of Health <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/forms/2019-service-provider-bond-package>
4. Evidence of passing the provider examination provided by the Operator Training Committee of Ohio <https://www.otco.org/sts-program.html>
5. Evidence of general liability insurance for no less than \$500,000
6. Evidence of manufacturer certifications for servicing specific systems

If you have any questions, please contact Steve Swatzel, RS at (740) 444-4281, Monday through Friday, 8:00 am to 4:00 pm or by email at steve.swatzel@meigs-health.com

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

MEIGS COUNTY HEALTH DEPARTMENT

112 EAST MEMORIAL DRIVE

POMEROY, OH 45769

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

Business Name: _____ Date: _____

Operator's Name: _____ ID #: _____

Street Address: _____ Fee: 100.00

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____

E-Mail: _____

Types of Components Served: _____

As a registered service provider you shall provide proof of compliance with any training, qualification or certification conditions required by the manufacturer or distributor of a component or system and shall comply with O&M requirements in accordance with an installation permit or operation permit issued by the Meigs County General Health District.

As a registered service provider you shall also provide manufacturer and/or general O&M information to the owner of the STS in writing or through reference manuals. In addition, you shall understand the treatment processes, all O&M requirements, and servicing schedule for any STS for which you offer. You shall conduct routine O&M services on schedule and provide a report of services, notation of any evidence of clear water infiltration, STS component deterioration, or other problem conditions to the owner at the time of service and to the Meigs County Health Department.

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, 2019

APPLICANT _____ DATE: _____

(SIGNATURE)

(Office Use Only)

YEAR 2019 Registration Approved: _____ Registration Denied: _____ Insurance
Test Date: / / _____ Score: _____ CEUs Attached Bond Attached
DATE _____ RECEIPT # _____ Received by: _____