



Public Health  
Prevent. Promote. Protect.

Butler County  
General Health District

# 2022 Sewage Treatment System Installer Registration Application

Use this application to request registration as a Sewage Treatment System (STS) or Gray Water Recycling System (GWRS) Installer as specified under Ohio Administrative Code 3701-29-03.

Please complete all of the following information, print name, sign and date below:

Company: \_\_\_\_\_

Company Representative per OAC 3701-29-03(D): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from above)

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Office

Cell

Fax

E-mail Address: \_\_\_\_\_

Surety Company: \_\_\_\_\_ Bond Number: \_\_\_\_\_

Liability Company: \_\_\_\_\_

Please verify by using the checklist below that each required item is submitted or completed with your registration application.

- Registration Fee of \$100.00
- Proof of Passing Statewide STS Exam
- Copy of General Liability Insurance of not less than \$500,000
- Copy of completed State of Ohio Surety Bond (original goes to ODH)
- Copy of certificate(s) showing completion of six continuing education (CE) hours earned in 2021 (**renewals only**) or 12 hours if using exemption in 2020
- Proof that applicant has completed all outstanding jobs and submitted all required documents requested in 2021

Please check the box AND SUPPLY DOCUMENTATION for each equipment manufacturer THAT YOU ARE QUALIFIED/CERTIFIED TO INSTALL, or provide other approved third party training/qualification/certification you hold.

- |   |  |
|---|--|
| <input type="checkbox"/> Bionest Technologies           | <input type="checkbox"/> Bio Microbics Incorporated  |
| <input type="checkbox"/> Anua                           | <input type="checkbox"/> Zoeller Pump Company        |
| <input type="checkbox"/> Consolidated Treatment Systems | <input type="checkbox"/> Eljen Corporation           |
| <input type="checkbox"/> Clear Stream Wastewater        | <input type="checkbox"/> Infiltrator Systems         |
| <input type="checkbox"/> Ecological Tanks Incorporated  | <input type="checkbox"/> Norweco Incorporated        |
| <input type="checkbox"/> Hydro Action Industries        | <input type="checkbox"/> Drip Distribution           |
| <input type="checkbox"/> Jet Incorporated               | <input type="checkbox"/> Delta Environmental         |
| <input type="checkbox"/> Aero-Tech                      | <input type="checkbox"/> Orenco Systems Incorporated |
| <input type="checkbox"/> AES-Presby                     | <input type="checkbox"/> Hoot Aerobic Systems        |
| <input type="checkbox"/> Eco-Pure Incorporated          | <input type="checkbox"/> Other(list): _____          |
| <input type="checkbox"/> SeptiTech Incorporated         | <input type="checkbox"/> Other(list): _____          |
| <input type="checkbox"/> Quanics Incorporated           | <input type="checkbox"/> Other(list): _____          |

As a registered contractor with the Butler County General Health District, I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked under rule 3701-29-03 of the Ohio Administrative Code. By my signature below, I certify that I agree to comply with the conditions of Chapter 3701-29 of the Ohio Administrative Code and all other applicable local, state, and/or federal codes. Additionally, my signature certifies that I have not been convicted of any violations of OAC 3701-29 or ORC 3718.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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# 2022 Sewage Treatment System Service Provider Registration Application

Use this application to request registration as a Sewage Treatment System (STS) or Gray Water Recycling System (GWRS) Service Provider as specified under Ohio Administrative Code 3701-29-03.

Please complete all of the following information, print name, sign and date below:

Company: \_\_\_\_\_

Company Representative per OAC 3701-29-03(D): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from above)

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Office

Cell

Fax

E-mail Address: \_\_\_\_\_

Surety Company: \_\_\_\_\_ Bond Number: \_\_\_\_\_

Liability Company: \_\_\_\_\_

Please verify by using the checklist below that each required item is submitted or completed with your registration application.

- Registration Fee of \$100.00
- Proof of Passing Statewide STS Exam
- Copy of General Liability Insurance of not less than \$500,000
- Copy of completed State of Ohio Surety Bond (original goes to ODH)
- Copy of certificate(s) showing completion of six continuing education (CE) hours earned in 2021 (**renewals only**) or 12 hours if using exemption in 2020
- Proof that applicant has completed all outstanding jobs and submitted all required documents requested in 2021

Please check the box AND SUPPLY DOCUMENTATION for each equipment manufacturer THAT YOU ARE QUALIFIED/CERTIFIED TO SERVICE or provide other approved third party training/qualification/certification you hold. (Only required for systems your company provides service for that are installed after 2007)

- |   |  |
|---|--|
| <input type="checkbox"/> Bionest Technologies           | <input type="checkbox"/> Bio Microbics Incorporated  |
| <input type="checkbox"/> Anua                           | <input type="checkbox"/> Zoeller Pump Company        |
| <input type="checkbox"/> Consolidated Treatment Systems | <input type="checkbox"/> Eljen Corporation           |
| <input type="checkbox"/> Clear Stream Wastewater        | <input type="checkbox"/> Infiltrator Systems         |
| <input type="checkbox"/> Ecological Tanks Incorporated  | <input type="checkbox"/> Norweco Incorporated        |
| <input type="checkbox"/> Hydro Action Industries        | <input type="checkbox"/> Drip Distribution           |
| <input type="checkbox"/> Jet Incorporated               | <input type="checkbox"/> Delta Environmental         |
| <input type="checkbox"/> Aero-Tech                      | <input type="checkbox"/> Orenco Systems Incorporated |
| <input type="checkbox"/> AES-Presby                     | <input type="checkbox"/> Hoot Aerobic Systems        |
| <input type="checkbox"/> Eco-Pure Incorporated          | <input type="checkbox"/> Other(list): _____          |
| <input type="checkbox"/> SeptiTech Incorporated         | <input type="checkbox"/> Other(list): _____          |
| <input type="checkbox"/> Quanics Incorporated           | <input type="checkbox"/> Other(list): _____          |

As a registered contractor with Butler County General Health District, I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked under rule 3701-29-03 of the Ohio Administrative Code. By my signature below, I certify that I agree to comply with the conditions of Chapter 3701-29 of the Ohio Administrative Code and all other applicable local, state, and/or federal codes. Additionally, my signature certifies that I have not been convicted of any violations of OAC 3701-29 or ORC 3718.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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# 2022 Sewage Treatment System Septage Hauler Registration Application

Use this application to request registration as a Septage Hauler as specified under Ohio Administrative Code 3701-29-03.

Please complete all of the following information, print name, sign and date below:

Company: \_\_\_\_\_

Company Representative per OAC 3701-29-03(D): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from above)

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Office

Cell

Fax

E-mail Address: \_\_\_\_\_

Surety Company: \_\_\_\_\_ Bond Number: \_\_\_\_\_

Liability Company: \_\_\_\_\_

Please verify by using the checklist below that each required item is submitted or completed with your registration application.

- Registration Fee of \$100.00, plus \$20.00 for each additional septage hauling truck used in Butler County.
- Proof of passing statewide STS exam
- Copy of General Liability Insurance of not less than \$500,000
- Copy of completed State of Ohio Surety Bond (original goes to ODH)
- Copy of certificate(s) showing completion of six continuing education (CE) hours earned in 2021 (**renewals only**) Or 12 hours if using exemption from 2020
- Applicant has completed all outstanding jobs and submitted all required documents requested in 2021
- Complete the Septage Hauler Truck Permit Application (Page 2)

NOTE: Septage haulers may provide proof of status as a vacuum truck technician through the National Association of Waste

### Septage Hauler shall follow rules set forth in the Ohio Administrative Code 3701-29-03

1. Registered septage haulers shall obtain a permit from the board of health in accordance with paragraph (B) of O.A.C. 3701-29-03 for each vehicle used to haul septage within the board's jurisdiction and comply with all applicable sewage disposal and land application regulations.
2. Registered septage haulers shall provide a completed application to include the tank capacity of each vehicle to the board of health;
3. Vehicles shall be marked with the company name and phone number that is readily legible during daylight hours from a distance of fifty feet while the vehicle is stationary, in accordance with the "Federal Motor Carrier Safety Administration" regulations as described in 49 C.F.R. 390.21(c)(3);
4. All septage hauling equipment shall be maintained in proper operating condition. All tank seal safety specifications shall be met to prevent leakage or spills while in operation, transit, or storage; and
5. When a vehicle is used by the registrant in multiple jurisdictions, the registrant may choose to have the vehicle inspected by the county or combined health district in which the company is based utilizing an inspection form created by the director and submit the inspection form to other boards of health in lieu of multiple inspections per vehicle.

As a registered contractor with Butler County General Health District, I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked under rule 3701-29-03 of the Ohio Administrative Code. By my signature below, I certify that I agree to comply with the conditions of Chapter 3701-29 of the Ohio Administrative Code and all other applicable local, state, and/or federal codes. Additionally, my signature certifies that I have not been convicted of any violations of OAC 3701-29 or ORC 3718.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

