REGISTRATION REQUIREMENTS 2020:

Sewage Treatment System Service Provider required registration fee.

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<tr>
<th>Sewage Treatment System Service Provider</th>
<th>Registration Fee</th>
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<td>$76.50</td>
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The registration year begins January 1st and ends on December 31st of each year. All items for registration must be submitted, reviewed and approved prior to any work beginning after January 1, 2020. In order to register for the 2020 year, sewage treatment system installer must provide:

1. A completed registration application;
2. Proof of passing the statewide testing requirement (copy of certificate);
3. Copy of general liability insurance of not less than $500,000;
4. Proof of Surety Bond per each category, if warranted. Original copies, with signatures and seal go to the Ohio Department of Health and a copy to the Butler County General Health District; and
5. Proof of completion of six (6) hours of continuing education approved by the Ohio Department of Health.

All registrations will be non-transferable and will expire annually on the 31st day of December. When applying for the registration, individuals must submit to the Board of Health complete and accurate records and information where applicable.

PAYMENT:
In person payments can be made with a completed application along with a check, cash, money order or credit card. Credit cards can be accepted in person only and with a $1.95 fee for any charge under $83.00. Charges over $83.00 will be charged a 2.35% fee. Payments via mail can be made with a completed application, check or money order mailed to: Butler County General Health District, 301 S. Third Street, Hamilton, Ohio 45011

Johnny Baier, RN, MS
Health Commissioner
2020 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 $76.50
- 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 2019 (renewals only)
- Proof that applicant has completed all outstanding jobs and submitted all required documents requested in 2019 is included

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)

☐ Blonest Technologies
☐ Anaerobic Systems
☐ Consolidated Treatment Systems
☐ Clear Stream Wastewater
☐ Ecological Tanks Incorporated
☐ Hydro Action Industries
☐ Jet Incorporated
☐ Aero-Tech
☐ AES-Presby
☐ Eco-Pure Incorporated
☐ SeptiTech Incorporated
☐ Quanics Incorporated
☐ Bio Microsystems Incorporated
☐ Zoeller Pump Company
☐ Eljen Corporation
☐ Infiltrator Systems
☐ Norweco Incorporated
☐ Drip Distribution
☐ Delta Environmental
☐ Oreno Systems Incorporated
☐ Hoot Aerobic Systems
☐ Other(list): __________________________
☐ Other(list): __________________________
☐ 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 __________________________