

Butler County General Health District

REGISTRATION REQUIREMENTS 2020:

Sewage Treatment System Service Provider required registration fee.

	Registration Fee
Sewage Treatment System Service Provider	\$76.50

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

Jenny Bailer, RN, MS Health Commissioner



2020 Sewage Treatment System Service Provider Registration Application

Date

Butler County General Health District

Printed Name

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, sig	n 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 ite	m is submitted or completed with your registration application.	
o Registration Fee of \$76.50		
o Proof of Passing Statewide STS Exam		
 Copy of General Liability Insurance of not less than \$500 Copy of completed State of Ohio Surety Bond (original) 		
o Copy of completed State of Onio Surety Bond (original)	ling education (CE) hours earned in 2019 (renewals only)	
Copy of certificate(s) snowing completion of six continu Proof that applicant has completed all outstanding jobs	s and submitted all required documents requested in 2019 is	
included	s and submitted an required decarrents requested in mean is	
Please check the box AND SUPPLY DOCUMENTATION for each e TO SERVICE or provide other approved third party training/quali	quipment manufacturer THAT YOU ARE QUALIFIED/CERTIFIED	
company provides service for that are installed after 2007)	incation/certification you floid. (Only required for systems your	
Company provided services for that are measured.		
□ Bionest Technologies	□ Bio Microbics Incorporated	
□ Anua	□ Zoeller Pump Company	
☐ Consolidated Treatment Systems	☐ Eljen Corporation	
☐ Clear Stream Wastewater	☐ Infiltrator Systems	
☐ Ecological Tanks Incorporated	□ Norweco Incorporated	
☐ Hydro Action Industries	☐ Drip Distribution	
□ Jet Incorporated	□ Delta Environmental	
□ Aero-Tech	☐ Orenco Systems Incorporated	
□ AES-Presby	☐ Hoot Aerobic Systems	
□ Eco-Pure Incorporated	Other(list):	
☐ SeptiTech Incorporated☐ Quanics Incorporated☐	□ Other(list):□ Other(list):	
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As a registered contractor with Butler County General Health Dist		
As a registered contractor with Butler County General Health Dist basis of false or inaccurate information supplied herein is automa	trict, I understand that any registration approval granted on the	
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basis of false or inaccurate information supplied herein is automa	trict, I understand that any registration approval granted on the atically revoked and registration approval is similarly revoked gnature below, I certify that I agree to comply with the	
basis of false or inaccurate information supplied herein is automatunder rule 3701-29-03 of the Ohio Administrative Code. By my signature of the Ohio Administrative Code.	trict, I understand that any registration approval granted on the atically revoked and registration approval is similarly revoked gnature below, I certify that I agree to comply with the nd all other applicable local, state, and/or federal codes.	
basis of false or inaccurate information supplied herein is automatunder rule 3701-29-03 of the Ohio Administrative Code. By my sign conditions of Chapter 3701-29 of the Ohio Administrative Code a	trict, I understand that any registration approval granted on the atically revoked and registration approval is similarly revoked gnature below, I certify that I agree to comply with the nd all other applicable local, state, and/or federal codes.	

Signature