



# HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

250 William Howard Taft Road  
Cincinnati, OH 45219  
Phone: 513.946.7800 Fax: 513.946.7890  
hcph.org

November 14, 2023

Dear Contractor,

It is that time of year again to apply for registration as a Sewage Treatment System (STS) and/or Gray Water Recycling System (GWRS) contractor in Hamilton County. Enclosed with this letter you will find:

- A fact sheet developed by the Ohio Department of Health (ODH) concerning registration requirements in 2024.
- A guidance document developed by ODH that lists allowable activities by each category of registration.
- ODH 2024 bond form instructions.
- ODH 2024 surety bond forms for each registration category.
- ODH 2024 contractor contact information form.
- Hamilton County Public Health (HCPH) applications for each category of registration which includes:
  - Installer
  - Service Provider
  - Septage Hauler (includes septage hauling truck permit application)

Please take time to review each of these documents. For each category that you request registration, you will need to follow the instructions on the ODH 2024 bond form instruction sheet and complete the associated HCPH application form. To avoid a 25 percent late fee required by the Ohio Revised Code 3709.09(D), all needed items must be post marked to the appropriate agency before January 1, 2024.

The following must be submitted **to HCPH** for each registration category:

- Completed application.
- Associated application fees.
- Proof of passing the statewide STS exam.
- A copy of your General Liability Insurance of not less than \$500,000 (HCPH listed as the certificate holder)
- A copy of completed State of Ohio Surety Bond for the registration category.
- A copy of certificates showing completion of six continuing education hours earned in 2023 (renewals only).
- A copy of certificates/qualifications that you hold for STS installation or service.

The following must be submitted **to ODH**:

- The original completed State of Ohio Surety Bond.
- Power-of-Attorney (POA) for the 2024 Registration Bond.
- A copy of the completed Contractor Contact Information Form.

Please visit our website at [www.hamiltoncountyhealth.org](http://www.hamiltoncountyhealth.org) for more information about the statewide sewage rules. If you have any questions, please contact customer service at (513) 946-7800, option 2, Monday through Friday, from 7:30 a.m. - 4:00 p.m.

Sincerely,

Felicia M Erwin, R.E.H.S.  
Director, Division of Water Quality





Ohio Department of Health  
Bureau of Environmental Health  
and Radiation Protection  
Residential Water and Sewage  
Program

"To protect and improve the health of all Ohioans"

# Sewage Treatment System Contractor Registration Fact Sheet

## FOR INSTALLERS, SERVICE PROVIDERS, and SEPTAGE HAULERS

### Registration

- Anyone performing duties of a sewage treatment system installer, service provider, or septage hauler shall be registered with each Local Health District where work is done in accordance with the requirements in rule 3701-29-03 of the Ohio Administrative Code.
- All registration applications must be complete. Completed registration applications must be submitted to the Local Health Districts where the contractor will be working. The application must include the following:
  1. Registration Application and Fee established by the local health district
  2. Proof of a passing score on the sewage rules test (see Testing Requirements below).
  3. Proof of compliance with any system specific training, qualification, or certification required as a condition of a system's approval by the director
  4. Proof of General Liability Insurance (minimum \$500,000)
  5. Beginning in 2016 for registration renewal only – Proof of completion of six (6) continuing education hours during the previous calendar year.
  6. Proof of a Surety Bond (see page 2 for Surety Bond information)
  7. Any outstanding forms, permits, plans, service records, or other documentation for prior system work that have not been submitted to the local health districts.
  8. Any other required information from the local health district.
- Persons registering to install, provide service, or haul septage will not be registered until the local health district has reviewed, approved and processed the registration application. Submitting a registration application does not guarantee registration or immediate registration.
- Registration must be complete prior to conducting any work on a sewage treatment system. If you have not been contacted about the status of your registration, contact that local health district's sewage program prior to performing any work.

### Contractor Testing Requirements

- All persons registering as a sewage treatment system installer, service provider, or septage hauler shall pass a test on the sewage treatment systems rules.
- The test is an open-book test with 75 questions. A copy of the sewage treatment systems rules will be provided at the test site if you do not have a copy. A minimum of 3 hours will be provided to take the open book test.
- The test will be available through three entities:
  1. Local Health Districts may choose to offer the test. Contact the local health district where you register to see if they proctor the test locally.
  2. The Operator Training of Ohio OTCO offers the STS contractor test online at no cost. The test and a download of the rules can be accessed from their website at (<https://www.otco.org/sts-exam.html>)
  3. Ohio Department of Health, Bureau of Environmental Health, Residential Water and Sewage Program will proctor the test by appointment. Call 614-644-7551 to schedule a test date.
- A score of 75% is required for a passing score.
- A certificate will be provided upon passing the test. This certificate will be required to register.
- The primary registrant or a company representative must take the test. Additional testing will not be required, for additional registration years, once a passing score has been received.
- Please contact the Residential Water and Sewage Program at the Ohio Department of Health at (614)644-7551 if you need alternative accommodations to take the rules test.

## Surety Bonds

- Separate surety bond forms are available for each category of registration. These forms and the instructions are available on the ODH Sewage Program website at:  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS/>
  - The bond forms are:
    - HEA Form 5438 – Service Providers Bond
    - HEA Form 5439 – STS Installer Bond (for Multiple STS)
    - HEA Form 5440 – Septage Hauler Bond
    - HEA Form 5448 – STS Installer Bond Form for Single (1) Installation
- A surety bond must be submitted for each category of registration.  
*If you are an installer and a service provider then you must submit both an Installer Bond and Service Providers Bond.*
- Follow the surety bond instruction document. If you have questions that cannot be answered from this document contact the ODH Sewage Program staff at 614-644-7551.
- The surety bond forms must be effective no earlier than the first day of January of each registration year and shall provide coverage no later than the last day of December of the same registration year.
- Once completed, send the surety bond form(s) with the original signatures, seal, and power-of-attorney to the Ohio Department of Health.
  - *Prior to submitting surety bonds to the Ohio Department of Health, make copies of all documents for your records, and for each local health District where you register.*
  - Send the following documents to the Ohio Department of Health:
    - Registration Bond for Installers, Service Providers, and/or Septage Haulers
    - Corresponding power-of-attorney for each bond
    - Sewage Contractor Contact Information Form

### **MAIL ALL SURETY BOND DOCUMENTS TO:**

Ohio Department of Health  
BEHRP/Residential Sewage Program  
246 N. High St.  
Columbus, Ohio 43215

## Continuing Education Unit (CE) Requirements

- Proof of continuing education is required at the time of registration renewal. New registrants are not required to provide proof of continuing education at the time of their initial registration.
- Six (6) hours of approved CE must be completed during the year prior to each registration renewal.
- The Ohio Department of Health posts lists of approved STS contractor continuing education on its website. Links to lists of approved in-person trainings and approved online distance learning can be found at the following link: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-LHDS/>



This document has been prepared to provide some guidance on the activities that a contractor is allowed to perform under each category of registration. The list of activities for each category of registration is intended to provide a general idea and contractors are not necessarily limited to only the activities list here. If you have questions about activities that are not listed, you may contact the Residential Sewage Program for additional guidance at 614-644-7551.

<b>Installer</b> – activity of installing, or altering STS or GWRS [OAC 3701-29-01 (FFF)]	<b>Service Provider</b> – activity of servicing, monitoring, evaluating or sampling STS or GWRS [OAC 3701-29-01 (OOOO)]	<b>Septage Hauler</b> – collection, transportation, disposal and/or land application of domestic septage, and evaluate and report on the condition of the tank(s) they are pumping. [OAC 3701-29-01 (JJJJ)]
Installation or alteration work in accordance with a valid installation/permit issued by the board of health	Routine service and maintenance required for product approval and/or operation permit (e.g. service contracts) for STS or GWRS, including in-place correction, cleaning, or replacement of damaged or worn out devices with approved devices	Evaluate and report on: <ul style="list-style-type: none"> <li>• condition of the tank</li> <li>• presence/absence of baffles or tees</li> <li>• conditions of risers</li> <li>• evidence of high water or water intrusion</li> <li>• tank deterioration</li> </ul>
Inspection for trouble-shooting STS issues if installed or altered by same installer	Replacement of mechanical devices (agitators, compressors, and pumps), and broken, worn-out, or damaged parts	Conduct and report any minor repairs limited to structure of the tank(s) being pumped, including: <ul style="list-style-type: none"> <li>• Installation/replacement of lids or risers on the tank</li> <li>• Installation, repair, or replacement of tank baffles</li> <li>• Installation, cleaning, or repair of effluent filter at outlet of tank</li> </ul>
Installation or replacement of lids, risers, distribution boxes, drop boxes, tank baffles, effluent filters, etc.	Replacement or cleaning of STS filter media	
Installation of sampling ports	Installation of sampling ports	Maintain records and manifest of septage or sewage pumped from each STS as required in OAC 3701-29-20 (C).
	Installation or replacement lids, risers, baffles	
	Installation or cleaning of outlet filters	
	Monitoring of STS or component for verification of performance requirements, including dye tests	
	Evaluation of STS (i.e. real estate/point-of-sale inspections)	
	Sample collection from STS for lab analysis	



# Ohio Department of Health Sewage Treatment System Program

## Contractor Contact Information for Installer, Septage Hauler and Service Provider

Please complete the following information and submit with the Bond Form.

Company Name

Company Street Address

City

State

Zip Code

Company Mailing Address (if different from Above)

City

State

Zip Code

Company Owner

Company Representative (if different from Owner)

Company Phone Number

Additional Contact Phone Number

Company Fax Number

Company E-mail

Please check all registration categories that apply to your company's business:

- Installer    Service Provider    Septage Hauler

Registration Year:

Please list the county where the company is located

**\*INSTRUCTIONS\* TO BONDING COMPANY FOR EXECUTION OF THE  
2024 SEWAGE TREATMENT SYSTEM INSTALLER, SERVICE PROVIDER, AND SEPTAGE  
HAULER REGISTRATION BOND**

**General Information**

- All sewage treatment system installers, service providers and septage haulers must use the State of Ohio Registration Bond Form as per the requirements for contractor bonding in Ohio Administrative Code (OAC) rule 3701-29-03(C)(6), except as permissible in rule OAC 3701-29-03(G) and (H).
- The 2024 Sewage Treatment System Registration Bonds for installers, service providers, and septage haulers are available in a PDF format on the ODH website at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS> or by contacting the Ohio Department of Health Residential Sewage Program at [Sewage@odh.ohio.gov](mailto:Sewage@odh.ohio.gov)
- All information on the bond form must be complete and correct.
- Please follow the instructions below, and submit all documents listed in item #10.
  - **THE REGISTRATION BOND MUST BE FOR THE AMOUNT required in OAC rule 3701-29-03(C)(6)(e). (see Table 1 below)**

**OAC rule 3701-29-03(C)(6)(e) Table 1. Contractor bonding requirements.**

Number of systems (annually)	Installer		Service Provider		Septage Hauler	
	HSTS	SFOSTS	HSTS	SFOSTS	HSTS	SFOSTS
One system	Equal to system cost	\$25,000	N/A	\$25,000*	\$25,000	\$25,000
More than one system	\$40,000		\$25,000*		\$25,000	

\* STS service provider bond requirement reduced to \$15,000 for service providers with dual registration as STS installer and STS service provider.

**Forms**

There are two Installer surety bonds: (1) for multiple system installations and alterations, and (2) for single system/small flow installations or alterations. Be aware that if going from a single system installer bond to a multiple system installer bond, new surety bond paperwork (with original signatures, seal, and power of attorney) shall be submitted to the Ohio Department of Health showing the change in status of the bond coverage.

The Surety Bond Forms Package are available on the ODH Sewage Program website:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS>

1. HEA Form 5438 – 2024 Service Provider Bond Form Package
2. HEA Form 5439 – 2024 Installer Bond Form for Multiple Systems Package
3. HEA Form 5440 – 2024 Septage Hauler Bond Form Package
4. HEA Form 5448 – 2024 Installer Bond Form for Single System Package

The Bond Form package includes instructions, the bond form and the contractor contact information form.

## **Completing the Form**

The bond form may be completed in two ways. You may print the blank form and fill in the lines by hand with a blue or black pen, or, if available, you may fill in the form using Adobe Acrobat Reader to open, complete, save and print the form by clicking on the print button.

1. Fill in the bond number on the line provided in the upper left-hand corner of the bond form.
2. Fill in the legal company name and address of the company applying for the registration bond on the first, second and third lines exactly as it appears on the Local Health District registration application form as a sewage treatment system installer, service provider, or septage hauler.
3. List the name of the surety company on the line provided.
4. Check the box indicating the bond amount being provided on the appropriate bond form. Refer to the table above in the General Information.
5. Fill in the Bond Effective Date. This is the date the bond becomes effective for the 2024 calendar year, and it must be December 31, 2023, or later.
6. Fill in the information and signatures at the bottom of the bond:
  - a) Print the Legal Company name of the company applying for the bond. This item **must** match the Legal Company Name as it appears at the top of the bond
  - b) Printed name and original/electronic signature of the company owner or representative
  - c) Name and contact information of the surety company, including address and telephone number
  - d) Original/electronic signature of the Attorney-in-Fact
7. After completing the printed form by hand or printing the completed form from the computer, sign and date the form as required in the required Signature boxes found at the bottom of the bond. Signatures are either by hand using a blue or black pen or electronic.
8. Apply the seal (Paper or Electronic) of the Surety Company in the space provided on the bond form.
9. Attach the Power-of-Attorney form for the Attorney-in-Fact. The bond number on the Power-of-Attorney must match the surety bond number.
10. Mail or email the complete bond packet to the address below. **SUBMIT ORIGINALS ONLY.** Submissions must include:
  1. **2024 Registration Bond**, complete with original/electronic signatures and corporate seal (Electronic or paper seal)
  2. **Power of Attorney (POA)** for the 2024 Registration Bond.
  3. **Sewage Contractor Contact Information Form.**

**Mail Bond Package to:  
Ohio Department of Health  
BEHRP/ Residential Sewage Program  
246 N. High St.  
Columbus, Ohio 43215-0278**

The complete bond package can also be emailed to [SewageBonds@odh.ohio.gov](mailto:SewageBonds@odh.ohio.gov)

**Please allow up to thirty (30) days upon receipt of the surety bond(s) by the ODH Residential Sewage Program for bond(s) to be processed.** The status of a bond submission can be checked by visiting the "Contractor Bond Lists" tab on the ODH Residential Sewage Program webpage at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-LHDS/>

If you have questions or need assistance, contact the Residential Sewage Program at (614) 644-7551 or by email at [Sewage@odh.ohio.gov](mailto:Sewage@odh.ohio.gov).

Bond Number

State of Ohio
2024 Registration Bond for
Sewage Treatment Systems Installer
(for Multiple Sewage Treatment Systems)

Registration Number

Health District use only
Power of attorney attached

- Owned By
(Check one)
Individual
Partnership
Corporation

LEGAL COMPANY NAME:
MAILING ADDRESS:
MAILING ADDRESS 2:
CITY, STATE, ZIP:

As Principal, and Surety Company
is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

forty thousand dollars (\$40,000)

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

Bond Effective Date:

The above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system installer in the State of Ohio as provided in sections 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration expires on the 31st day of December 2024.

If the above Principal shall comply with all laws and rules relating to the construction, alteration, repair, or abandonment of sewage treatment systems and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal. This obligation shall remain in full force and effect until December 31, 2024 and will be null and void after that date.

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

- 1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC rule 3701-29-03 (C)(6)(d).
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this bond, regardless of the number of claims that may be filed hereunder.
3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03 (C).

Legal Company Name (required - print name)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Surety Company Name:

Address:

City, State, Zip:

Surety Company Phone:

Attorney-in Fact Listed on the Power of Attorney(required - print name)

Attorney-in-Fact or Insurance Agent Signature (required)

Instructions for preparation:

- 1. Affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

(Place Bonding Corporation Seal Above)



Bond Number

State of Ohio
2024 Registration Bond for
Sewage Treatment Systems Service Provider

Registration Number

Health District use only
Power of attorney attached

- Owned By
(Check one)
Individual
Partnership
Corporation

LEGAL COMPANY NAME:
MAILING ADDRESS:
MAILING ADDRESS 2:
CITY, STATE, ZIP:

As Principal, and Surety Company
is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

- twenty-five thousand (\$25,000)
fifteen thousand (\$15,000)
Multiple STS bond number

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

Bond Effective Date:

The above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system service provider in the State of Ohio as provided in sections 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration expires on the 31st day of December 2024.

If the above Principal shall comply with all laws and rules relating to the servicing or maintenance of sewage treatment systems and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal. This obligation shall remain in full force and effect until December 31, 2024 and will be null and void after that date.

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

- 1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC rule 3701-29-03 (C)(6)(d).
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this bond, regardless of the number of claims that may be filed hereunder.
3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03 (C).

Legal Company Name (required - print name)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Surety Company Name:
Address:
City, State, Zip:
Surety Company Phone:

Attorney-in Fact Listed on the Power of Attorney (required - print name)

Attorney-in-Fact or Insurance Agent Signature (required)

Instructions for preparation:

- 1. Affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

(Place Bonding Corporation Seal Above)

Bond Number

State of Ohio
2024 Registration Bond for
Sewage Treatment Systems Septage Hauler

Registration Number

Health District use only
Power of attorney attached

Owned By

(Check one)

- Individual
Partnership
Corporation

LEGAL COMPANY NAME:
MAILING ADDRESS:
MAILING ADDRESS 2:
CITY, STATE, ZIP:

As Principal, and Surety Company
is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

twenty-five thousand (\$25,000)

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

Bond Effective Date:

The above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system septage hauler in the State of Ohio as provided in sections 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration expires on the 31st day of December 2024.

If the above Principal shall comply with all laws and rules relating to the collection, transportation, disposal and land application of domestic septage from sewage treatment systems, and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal. This obligation shall remain in full force and effect until December 31, 2024 and will be null and void after that date.

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

- 1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC rule 3701-29-03 (C)(6)(d).
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this bond, regardless of the number of claims that may be filed hereunder.
3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03 (C).

Legal Company Name (required - print name)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Surety Company Name:
Address:
City, State, Zip:
Surety Company Phone:

Attorney-in Fact Listed on the Power of Attorney(required - print name)

Attorney-in-Fact or Insurance Agent Signature (required)

Instructions for preparation:

- 1. Affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

(Place Bonding Corporation Seal Above)

# 2024 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 \$150
- Proof of Passing Statewide STS Exam
- Copy of General Liability Insurance of not less than \$500,000 (Hamilton County Public Health as the Certificate Holder)
- 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 2023 (for renewals only)
- Applicant has completed all outstanding jobs and submitted all required documents requested in 2023

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 Hamilton County Public Health, 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

# 2024 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 \$150
- Proof of Passing Statewide STS Exam
- Copy of General Liability Insurance of not less than \$500,000 (Hamilton County Public Health as the Certificate Holder)
- 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 2023 (for renewals only)
- Applicant has completed all outstanding jobs and submitted all required documents requested in 2023

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 Hamilton County Public Health, 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

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 \$150, plus \$100 for each septage hauling truck used in Hamilton County
- Proof of passing statewide STS exam
- Copy of General Liability Insurance of not less than \$500,000 (Hamilton County Public Health as the Certificate Holder)
- 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 2023 (for renewals only)
- Applicant has completed all outstanding jobs and submitted all required documents requested in 2023
- Complete the Septage Hauler Truck Permit Application (Page 2)

As a registered contractor with Hamilton County Public Health, 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

# 2024 Sewage Treatment System Septage Hauler Truck Permit Application

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

Use this application to request a permit for the Septage Hauling Trucks Listed Below Per Ohio Administrative Code 3701-29-03.

Below, list the year, make and model, tank capacity and license plate number for each of your septage hauling trucks to be permitted for use in Hamilton County. All trucks used in Hamilton County must be permitted by HCPH. (Print or request additional copies of this page if needed).

Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number
Year	Make and Model	Capacity (Gallons)	License Plate Number

As a registered contractor with Hamilton County Public Health, 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