APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
PICKAWAY COUNTY GENERAL HEALTH DISTRICT
110 Island Rd. Suite C, PO Box 613
CIRCLEVILLE, OH 43113
Phone: -740-477-9667   Fax: -740-474-5523

Business Name: ___________________________ Date: __________
Name of Operator: ___________________________ ID #: __________
Street Address: ___________________________ Fee: __________
City, State, Zip: ___________________________
Phone: ____________________ Cell Phone: __________ Pager: __________ Fax: __________
E-Mail: ___________________________

Bond Company: ___________________________ Bond Expiration Date: __________

I HEREBY AGREE TO ALL RULES AND REGULATIONS OF THE OHIO REVISED CODE 3718 AND THE OHIO
ADMINISTRATIVE CODE 3701-29.

Do you wish to received information regarding Bidding on WPCLF Projects?   Yes  NO
If yes do you prefer ______ email or ______ USPS to receive Bid projects?
If yes please provide email address ___________________________

Failure to fill out all information on application renewal will result in everything being
sent back to you to be filled out.

If you plan to renew your Pickaway County registration for this calendar year, you will
need to submit the following in order to perform the services as a sewage treatment system
installer:
1. Registration Application along with sewage treatment system installer registration fee.
2. Proof of passing the Testing Requirements
3. Copy of 6 CEU Certification received in the previous calendar year to count for the
   licensing year you are applying to do work
4. Proof of compliance with any system specific training, qualification, or certification
   required as a condition of a system's approval by the director.
5. A copy of your General Liability insurance of not less than $500,000.
6. A copy of your company surety bond.
7. Any outstanding forms, permits, plans, service records, or other documentation for
   prior installed system work that have not been submitted to the local health district.

APPLICANT ___________________________ (SIGNATURE) DATE: __________

(Office Use Only)

YEAR __________   □ Registration Approved: ______   □ Registration Denied: ______   □ Insurance
Test Date: / / __________ Score: __________   □ CEUs Attached   □ Bond Attached
DATE __________ RECEIPT # __________ Received by: __________