

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
MORROW COUNTY HEALTH DISTRICT
619 W. MARION RD
MT. GILEAD, OH 43338
Phone: 1-419-947-1545 Fax: 1-419-946-6807**

Business Name: _____ Date: 11/09/2018
 Name of Operator _____ ID #: 0
 Street Address: _____ Fee: 230.00
 City, State, Zip: _____
 Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
 E-Mail: _____
 Bond Company: _____ Bond Expiration Date: _____

Please verify all information is correct and change as needed.

A \$230.00 registration fee, proof of six (6) CEU's, proof of General Liability Insurance (no less than \$500,000 coverage) and one of the following \$25,000.00 (one system), \$40,000 (more than one system) or equal to system cost original surety bond must accompany this application.

A late fee of \$57.50 will be charged for any construction of a household sewage disposal system in Morrow County without a valid registration. This does not include any late fees associated with construction of a household sewage disposal system without a valid permit.

Failure to complete the requirements of registration will delay & prevent you from having a valid registration until all of the requirements have been met.

My signature below signifies that I am familiar with Morrow County's household sewage disposal regulations as duly adopted by the Morrow County Board of Health and do hereby agree to abide by these regulations.

Applications and other forms are available online. You may visit our website at:
www.morrowcountyhealth.org

HOW DO YOU PREFER TO BE CONTACTED? 1ST CHOICE: _____
 2ND CHOICE: _____

APPLICANT _____ DATE: _____
 (SIGNATURE)

(Office Use Only)

YEAR 2019 Registration Approved: _____ Registration Denied: _____ Insurance

Test Date: / / Score: _____ CEUs Attached Bond Attached

DATE _____ RECEIPT # _____ Received by: _____