

**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: 11/13/2019

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](http://www.morrowcountyhealth.org)

HOW DO YOU PREFER TO BE CONTACTED? 1ST CHOICE: \_\_\_\_\_

2ND CHOICE: \_\_\_\_\_

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

YEAR 2020  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance

Test Date: / / Score: \_\_\_\_\_  CEUs Attached  Bond Attached

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_