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

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

APPLICANT  ___________________________
(SIGNATURE)  ___________________________
DATE:  ___________________________

(Office Use Only)

YEAR 2020  □ Registration Approved:  □ Registration Denied:  □ Insurance
Test Date:  / /  Score:  ___________________________
□ CEUs Attached  □ Bond Attached
DATE  ___________________________  RECEIPT #:  ___________________________
Received by:  ___________________________