



Richland Public Health

555 Lexington Ave., Mansfield, OH 44907

419-774-4500 • www.richlandhealth.org



Application for Sewage Treatment System Contractor Registration

The following information is required for a Sewage Treatment System Contractor to operate within the jurisdiction of Richland County.

The registration fee *per category* is **\$53.00** per year (*registration fee includes first septage hauler truck; each additional truck is \$6.00*).

Registration expires December 31 of each year.

All registration applications must be complete. The application must include the following:

- Registration Application and Fee
- Proof of a passing score of the sewage rules test
- Proof of compliance with any system-specific training, qualification, or certification
- Proof of General Liability Insurance (minimum \$500,000)
- Proof of 6 CEU's for 2026 registration. **Must be completed in the previous calendar year.**
- Proof of a Surety Bond. **A copy of the bond(s) paperwork shall be submitted with this application for each registered category.**

Business Information

Owner: _____ Phone Number: _____

Company Name: _____

Company Street Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Company Mailing Address (if different from above): _____

E-mail: _____

Category of Registration

(Mark all that apply) Failure to complete these sections will be considered an incomplete application and will not be processed.

- Installer *(Fill out additional information in Part A and D)*
- Service Provider *(Fill out additional information in Part B and D)*
- Septage Hauler *(Fill out additional information in Part C and D)*

Part A (Installers must complete)

Please list the types of systems you are qualified to install (Include names of manufacturers if applicable):

Part B (Service Providers must complete)

All service providers must provide a copy of their certification and training to service any systems installed after January 1, 2007, meeting the requirements as set forth in OAC 3701-29-03(C)(3).

Please list the manufacturer and/or systems that you are trained and certified to service:

Please indicate the types of services you provide:

- Camera inspection.
- Jetting
- Home or sale inspection.
- Sampling (NPDES)
- Other: _____

Part C *(Septage Haulers must complete)*

Vehicle/Truck Information

Make	Model	License #	Truck Year	Tank Capacity

List all disposal sites. All land application sites must be approved by the local health department having jurisdiction.

Sewage Treatment Plant

Name	Address	City	State	Zip Code

Approved Land Application Site

Name	Address	City	State	Zip Code

Part D *(Installers, Service Providers and Septage Haulers must complete)*

The information provided in this application is true and correct to my knowledge.

Signature: _____

Date: _____

----- **Office Use Only** -----

Registration Number: _____

Fee Paid	
Date Paid	
Receipt #	
By	

Surety Bond Attached/ ODH Approved	
Liability Insurance	
Test Passed	
CEU's	

Registration to Install:

Approved: _____
Signature Date

Disapproved: _____
Signature Date

Registration to Provide Service:

Approved: _____
Signature Date

Disapproved: _____
Signature Date

Registration to Haul Septage:

Approved: _____
Signature Date

Disapproved _____
Signature Date