



# Monroe County Health Department

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[www.monroecountyohio.com/departments/health\\_department/](http://www.monroecountyohio.com/departments/health_department/)

## Septage Hauler Application

**Fee: \$150.00 PLUS \$25.00 PER TRUCK**

Name of Business \_\_\_\_\_

Operator's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_ cell # (\_\_\_\_) \_\_\_\_\_

Fax# \_\_\_\_\_ e-mail \_\_\_\_\_

Each registered installer must be able to demonstrate competency, familiarity and knowledge of the sewage treatment system regulations in one of three ways. Each of these requirements must be completed prior to registration renewal.

**\*\* List ALL vehicles used to haul septage and location of disposal (use provided form) \*\***

**Please complete a Truck Inspection Report for each truck in service**

1. Completed Registration Form and Application Fee.
2. Proof of passing the *Sewage Treatment Systems Contractor Test*
3. Proof of compliance with any system specific training, qualification, or certification required as a condition of a system's approval the director.
4. Proof of General Liability Insurance of not less than \$500,000.
5. Beginning for 2016 Registration only – Proof of completion of six (6) continuing education hours during the previous calendar year.
6. Proof of a Surety Bond.
7. Submit the surety bond with original signatures and seal to the Ohio Department of Health.
8. Submit a copy of the completed surety bond with the registration application and appropriate registration fee to the local health district.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration # \_\_\_\_\_ Date Issued \_\_\_\_\_

Note: Registration expires on December 31, 2024



Ohio Department of Health  
Bureau of Environmental Health  
Residential Water  
and Sewage Program

## Septage Hauler Truck Inspection Report

### Registrant Information

Company Name	Phone Number	County
Address	City	Zip Code

### Vehicle Information

Vehicle License Plate #	Truck Number
Make & Model	Tank Capacity

### Inspection Information

Vehicle Markings Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company name and phone number that is readily legible during daylight hours from a distance of 50 feet while the vehicle is stationary	Evidence of tank leaks/bad seals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Main cap open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dripping or missing caps? <input type="checkbox"/> Yes <input type="checkbox"/> No	Missing seals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Valve conditions? (no leaks) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Hose conditions? (No cracks, duct tape, etc.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Condition of hose racks? <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

### Comments:

Approved for operation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensing Year	Inspecting Health Department
Sanitarian Printed Name	RS/SIT Number	Phone Number
Sanitarian Signature	Date	