



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
www.scph.org

Application for Sewage Treatment System (STS) Contractor Registration

Business Name: _____ Registration Year: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Additional Phone: _____ Fax: _____

Email Address(es): _____

Please select the fields for which are applying to register:

Installer	\$160.00	\$ _____ .00
Septage Hauler	\$100.00	\$ _____ .00
_____ Number of Trucks	\$60.00 per truck	\$ _____ .00
Service Provider	\$160.00	\$ _____ .00
Performs Point of Sale Inspections		
		Total Fee Due: \$ _____ .00

The following documentation is required and must be submitted with this application, as applicable.

State STS exam certificate	Truck inspections for current year (Haulers)
Continuing education credits	Truck information (Haulers)
Current general liability insurance certificate	Method and location of disposal (Haulers)
Notices of violations from state or local health departments issued since January 1, 2015	Any applicable manufacturer and/or distributor certifications (Service Providers)

By signing this application for registration, I agree to comply with the OAC 3701-29, the Environmental Health Code of the Summit County Public Health (SCPH) as well as all STS Operation and Maintenance rules and procedures adopted by SCPH. I certify that all information and documentation submitted is true and complete to the best of my knowledge and that if I am found to have violated OAC 3701-29 by another local health department or the state, that information must be immediately reported to SCPH while registered. Failure to report violations could be grounds for denial or revocation of my registration. I understand that my registration fee is not refundable regardless of whether my application is approved or denied.

Applicant Signature: _____ Date: _____

**Registration approval is not granted upon submission of this application.
You may not commence work as a septage hauler, installer or service provider within Summit County until you are notified of approved status.**

Registration Number: _____

Bonds verified with ODH: No _____ Yes _____ Date: _____

Reviewed by: _____

Registration: Denied _____ Approved _____ Date: _____

Date Received: _____

☐ Cash

Amount Paid: \$ _____

☐ Check

Check #: _____

Invoice #: _____

☐ Credit Card

CC #: _____

Received by: _____

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Application for Sewage Treatment System (STS) Septage Hauler Registration Additional Required Information

Business Name: _____

Truck Information

<u>Truck License Plate Number</u>	<u>Tank Capacity (gallons)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Septage Disposal and Location

Method of disposal:

Location(s) of disposal: (please list all)

