

Summit County Public Health

1867 West Market Street ◆ Akron, Ohio 44313-6901

www.scph.org

Application for Sewage Treatment System (STS) Contractor Registration

Contact Person: Address: City: State: Zip:	Business Name:			Registra	ntion Year:
Address:	Contact Person:				
Phone:					Zip:
Please select the fields for which are applying to register: Installer \$160.00 \$					
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: \$					
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: \$	Please select the fields for which are appl	lying to register:			
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: \$	Installer	\$160.00		\$.00
Number of Trucks \$60.00 per truck \$		\$100.00			
Service Provider \$160.00 \$	1 0		uck		
Total Fee Due: \$		_	uek		
Total Fee Due: \$		•		Φ	00
The following documentation is required and must be submitted with this application, as applicable. State STS exam certificate Continuing education credits Current general liability insurance certificate Notices of violations from state or local health Any applicable manufacturer and/or distributor deptartments issued since January 1, 2015 Sysigning 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 eported to SCPH while registered. Failure to report violations could be grounds for demial or revocation of my registration. I understand that my registration fee is not effundable 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. Date: Date: Cash Amount Paid: \$ Date Received: Check #: Invoice #: Credit Card Co. #:	Performs Point of Sale Inspe	ctions	Total Fee Due:	\$.00
State STS exam certificate Continuing education credits Current general liability insurance certificate Notices of violations from state or local health Any applicable manufacturer and/or distributor deptartments issued since January 1, 2015 Sysigning 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 eptorted 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 effundable 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. Date: Date: Cash Amount Paid: \$ Invoice #: Invoice #: Invoice #: Credit Card CC #:					
Continuing education credits Current general liability insurance certificate Notices of violations from state or local health deptartments issued since January 1, 2015 Sy 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 be 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 eported 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 effundable 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. Date Received: Date Cash Amount Paid: \$ Cash Check Check Invoice #: Credit Card	The following documentation is required	d and must be sub	mitted with this	application,	as applicable.
Continuing education credits Current general liability insurance certificate Notices of violations from state or local health deptartments issued since January 1, 2015 Sy 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 be 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 eported 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 effundable 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. Date Received: Date Received: Cash Amount Paid: \$ Invoice #: Invoice #: Credit Card CC #:	State STS exam certificate		Truck inspections	s for current	vear (Haulers)
Current general liability insurance certificate Notices of violations from state or local health Any applicable manufacturer and/or distributor deptartments issued since January 1, 2015 Sy 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 eported 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 efundable regardless of whether my application is approved or denied. Applicant Signature:			• • • • • • • • • • • • • • • • • • • •		
deptartments issued since January 1, 2015 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 he 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 exported 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 effundable regardless of whether my application is approved or denied. Applicant Signature:	-		Method and location of disposal (Haulers)		
Registration approval is not granted upon submission of this application. Applicant Signature: 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. Date Received: Date Received: Cash Amount Paid: \$ Check Credit Card Credit Card	,		Any applicable manufacturer and/or distributor		
Pate:	deptartments issued since January 1, 2015		certifications (Service Providers)		
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. Date Received: Cash Amount Paid: \$ Check Check #: eviewed by: Credit Card	well as all STS Operation and Maintenance rules and procedures a the best of my knowledge and that if I am found to have violated reported to SCPH while registered. Failure to report violations cou	adopted by SCPH. I certify I OAC 3701-29 by anothe uld be grounds for denial o	v that all information and r local health departmen	documentation s t or the state, tha	ubmitted is true and complete to t information must be immediately
You may not commence work as a septage hauler, installer or service provider within Summit County until you are notified of approved status. Date Received: Cash Amount Paid: \$ Check Check #: Invoice #: Credit Card	Applicant Signature:			Date:	
onds verified with ODH: No Yes Date: Amount Paid: \$ Check Check #: Credit Card	You may not commence work as a	a septage hauler, ins	taller or service pr		ı Summit
onds verified with ODH: No Yes Date: Amount Paid: \$ Check eviewed by: Credit Card	Registration Number		Date Received:		Cash
eviewed by: Invoice #: Check #: Credit Card			_		
eviewed by: Invoice #: Credit Card	Bonds verified with ODH: No Yes Da	ate:			Check #:
	Reviewed by:		Invoice #:		
1 1			Received by:		CC #:

Revised November 2025 Page 1 of 2

Summit County Public Health

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

siness Name:	:	
	Truck Inform	nation
	Truck License Plate Number	Tank Capacity (gallons)
_		
_		
	Septage Disposal a	nd Location
	Septage Disposal al	id Location
Method of d	lisposal:	
Location(s)	of disposal: (please list all)	

Revised November 2025 Page 2 of 2