

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
COSHOCTON COUNTY GENERAL HEALTH DISTRICT
724 S. 7th St Coshocton, Ohio 43812
COSHOCTON, OH 43812
Phone: 1-740-295-7305 Fax: 1-740-295-7576**

Business Name: _____ Date: _____
Name of Operator _____ ID #: _____
Street Address: _____ Fee: _____
City, State, Zip: _____
Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
E-Mail: _____
Bond Company: _____ Bond Expiration Date: _____

Resolution no. CCHD 2014-58: THE ANNUAL FEE FOR A INSTALLER'S REGISTRATION SHALL BE \$100.00
SUCH REGISTRATION SHALL expire annually on the 31st of December. The Board of Health may suspend or revoke the registration if the registrant engages in practices that are in violation of Ch 3701-29 of the Ohio Administrative Code.

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

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