

**CARROLL COUNTY HEALTH DEPARTMENT
P.O. BOX 98
CARROLLTON, OH 44615
(330) 627-8022**

“2010” REGISTRATION FOR SEWAGE SYSTEM INSTALLER

I, _____

ADDRESS: _____

Hereby apply for a registration to engage in the installation of sewage systems for 1, 2, and 3 family dwellings in accordance with Home Sewage Regulations 3701-29-01 to 3701-29-21 inclusive of the Ohio Sanitary Code.

I agree to comply with rules, and regulations of the Board of Health of the Carroll County General Health District, governing the installation of privies, privy vaults, sewerage and sewage disposal systems.

A renewal application for registration shall be submitted to the Board of Health at least thirty (30) days prior to the expiration date.

This permit may be revoked at any time for the failure to comply with the orders and regulations of the Board of Health.

FEE: \$200.00 PAYABLE TO: Carroll County Health Department
P.O. Box 98
Carrollton, Ohio 44615

**YOU CANNOT INSTALL A SYSTEM UNTIL
YOUR REGISTRATION IS COMPLETED**

DATE: _____

APPLICANT'S SIGNATURE: _____

TELEPHONE NUMBER: _____

-----FOR OFFICE USE ONLY-----

REGISTRATION DATE: _____

REGISTRATION NUMBER: _____

EXPIRATION DATE: DECEMBER 31, 2010