



**Ashtabula County Health Department**  
**12 West Jefferson St.**  
**Jefferson, Ohio 44047**  
**440-576-6010 Option 3**

**HOME SEWAGE TREATMENT SERVICE PROVIDER  
REGISTRATION APPLICATION FORM**

Name of Service Provider: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Service Provider: \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

**Minimum \$25,000 surety bond with the Ohio Department of Health (ODH) and Power of Attorney required for registration. \*Service Providers that are also registered and bonded with the Ohio Department of Health as home sewage treatment system installers may carry a \$15,000 bond as a service provider. (Submit copy of Surety Bond)**

Name of Surety Company \_\_\_\_\_

Address of Surety Company \_\_\_\_\_

Telephone Number of Surety Company \_\_\_\_\_

Submit copy of Certificate of Completion of ODH Sewage Treatment System Contactor’s Test for New Registrations. For Renewal Registrations, submit copies of (6) CEU certificates obtained in the year prior to registration year. **Submit copy of Certificate of Liability Insurance (no less than \$500,000 coverage). ASHTABULA COUNTY HEALTH DEPARTMENT listed as Certificate Holder.**

**\$150.00 Registration Fee. Check made payable to Ashtabula County Health Department or ACHD.**

I understand and agree to comply with all applicable provisions of the Ohio Sewage Treatment Rules contained within Chapter 3701-29 of the Ohio Administrative Code. I also understand and agree to comply with all Home Sewage Treatment Regulations of the Ashtabula County Health Department. I understand that my service provider registration may be revoked or suspended by the Ashtabula County Health Department for my failure to comply with all applicable provisions of the Ohio Sewage Treatment Rules (Chapter 3710-29 of the Ohio Administrative Code) and with the Home Sewage Treatment Regulations of the Ashtabula County Health Department.

\_\_\_\_\_  
Service Provider Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY
Date: _____ Receipt No. _____
Check No.: _____ Amount _____
Registration No _____
Date of STS Contractor Test Certificate of Completion _____ in file.
ODH Bond List _____

**Your Company must be listed on the Ohio Department of Health(ODH)**

**Bonding List on the ODH Website before Registration in the Ashtabula**

**County Health District can be processed by the Ashtabula County**

**Health Department.**