

**Shelby City Health Department**  
**2023 APPLICATION FOR REGISTRATION AS A SEPTAGE**  
**HAULER**

(Registration is not transferable and shall expire at the end of the calendar year)

COMPANY INFORMATION			
Company Name			Number of Trucks
Address		Phone	
City	State	Zip Code	
Owner		Operator (if Different)	

ACCEPTANCE OF CONDITIONS
<p>I hereby apply for registration with the Shelby City Health Department to engage in collection, transportation, and disposal of domestic septage within the City of Shelby, Ohio and understand that registration is not transferable and shall expire at the end of the calendar year.</p> <p>I agree to comply with the State Sewage Treatment System Rules and Law (OAC 3701-29 and ORC 3718), comply with ODH system restrictions, comply with all provisions included in a permit issued by the Shelby City Health Department, comply with Shelby City Board of Health orders, comply with any conditions placed on my registration, and submit complete and accurate records as may be required for determining compliance with all applicable rules (including the address and gallons pumped).</p> <p>I understand that the registered septage hauler shall have direct supervision over his employees, and he is responsible for the actions of his employees and shall be reasonably available if and when needed, even though such registered contractor may not be physically present at the work site.</p> <p>I hereby certify that I am the owner, partner, officer, or full time employee who is the company's authorized representative registrant.</p> <p>Signature _____ Date _____</p> <p>Print Name _____ Position in Company _____</p>

*An annual registration fee determined by the registrar in accordance with 3701-36-14 of the Ohio Administrative Code may be levied upon each Sewage Treatment System Installer for the operation costs associated with enforcement of the program rules. Any such fee or portion of any such fee retained by the registrar shall be paid into a special fund and used only for the purpose of administering and enforcing the program under the Ohio Revised and Administrative Codes.*

HEALTH DEPARTMENT TO COMPLETE BELOW			
Total Fee:	Date Received:	Amount Received:	Receipt No.:
Approved By:		Date Approved:	Registration No.:
Fee for registration: \$15		Fee for Each Truck: \$15	

SEPTAGE HAULER TRUCK IDENTIFICATION				
Truck 1	Vehicle: Make/Model/Year			Tank Capacity
Cab Color	Tank Color	License Plate #	Name and phone # on vehicle	
Truck 2	Vehicle: Make/Model/Year			Tank Capacity
Cab Color	Tank Color	License Plate #	Name and phone # on vehicle	
DISPOSAL SITES				
Land Application Site	Land Owner	Address	Zip	Phone
Land Application Site	Land Owner	Address	Zip	Phone
Sewage Treatment Plant Site	Plant Name	Address	Zip	Phone
Sewage Treatment Plant Site	Plant Name	Address	Zip	Phone

Include with this application:

- ☐ Proof of compliance with testing requirements related to septage haulers established by the Ohio Department of Health.
- ☐ Proof of compliance with specific training, qualification, or certification required as a condition of a system's approval by the Director or other certifications.
- ☐ Proof of no less than \$500,000 general liability insurance.
- ☐ Proof of completion of at least 6 hours continuing education hours during the previous calendar year through educational programs approved by the Ohio Department of Health or demonstration of competency obtained through status as a vacuum truck technician through the national association of wastewater transporters (NAWT).
- ☐ Proof of surety bond or other financial assurance options approved by the Director of the Ohio Department of Health which provides statewide coverage for all work performed on STS in any local health district in the state of Ohio, on a form provided by the director of health.
- ☐ The inspection report, if the vehicle was inspected by the Health District in which the company is based.
- ☐ Tank Capacity for each vehicle

