



Public Health
Prevent. Promote. Protect.
Preble County

PREBLE COUNTY PUBLIC HEALTH

615 HILLCREST DRIVE

EATON, OHIO 45320-8559

TELEPHONE: (937) 472-0087

FAX: (937) 456-6382

www.preblecountyhealth.org

Facebook: facebook.com/PrebleCoHealth ♦ Twitter: [@PrebleCoHealth](https://twitter.com/PrebleCoHealth)

December 1, 2023

TO: ALL SEPTAGE HAULERS

FROM: Scott Wilford, HEALTH COMMISSIONER

Your current Septage Hauler registration expires on December 31, 2023.

Enclosed is our registration form for Preble County. The state bond form is located on the ODH website for any person or firm engaged in the collection, transportation, disposal, and land application of domestic sewage in Preble County in 2024. **A \$55.00 fee per truck and a state bond & proof of your 6 CEU's must be submitted with the registration. Please call (937) 472-0087 to make an appointment to have your vehicle(s) inspected or if you have any questions. Failure to obtain the current years CEU's will require a variance from our board at the cost of \$60.00.**

At the start of 2023, we asked for pumping reports to be submitted, which are required by the state. Please see attached code. If we have not received any pumping reports for 2023 then you will not be able to register for 2024. You can submit the reports via mail, in person or email to angie@preblecountyhealth.org.

Please make checks payable to: Preble County General Health District

PLEASE NOTE: YOUR REGISTRATION CANNOT BE ISSUED WITHOUT TRUCK INSPECTIONS AND BEING ON THE STATE'S WEBSITE!

IT IS YOUR RESPONSIBILITY TO SCHEDULE TRUCK INSPECTIONS!

A PHAB Accredited Health Department





Public Health
Prevent. Promote. Protect.
Preble County

PREBLE COUNTY PUBLIC HEALTH

615 HILLCREST DRIVE

EATON, OHIO 45320-8559

TELEPHONE: (937) 472-0087

FAX: (937) 456-6382

www.preblecountyhealth.org

Facebook: facebook.com/PrebleCoHealth ♦ Twitter: [@PrebleCoHealth](https://twitter.com/PrebleCoHealth)

O.A.C. 3701-29-20(C) Septage haulers shall maintain a record and manifest of septage or sewage pumped from each STS including, but not limited to, the system owner; location address; quantity of septage or sewage removed from the system; condition of tank; presence or absence of baffles or tees; condition of risers; evidence of high water, water intrusion, or tank deterioration; any repairs, replacements or improvements made to the tank; date of septage or sewage removal; and the wastewater treatment plant or other receiving facility where the septage or sewage was disposed, or the location of land application. Pumping and disposal records shall be provided to the board of health on a form prescribed by the director and retained by the septage hauler for at least five years. The septage hauler shall provide a receipt to the system owner showing the date of service, any conditions noted regarding the tank, risers and effluent filters, and quantity of septage and sewage removed from the system.

A PHAB Accredited Health Department





Public Health
Prevent. Promote. Protect.
Preble County

PREBLE COUNTY PUBLIC HEALTH

615 HILLCREST DRIVE

EATON, OHIO 45320-8559

TELEPHONE: (937) 472-0087

FAX: (937) 456-6382

www.preblecountyhealth.org

Facebook: facebook.com/PrebleCoHealth ♦ Twitter: [@PrebleCoHealth](https://twitter.com/PrebleCoHealth)

SEPTAGE HAULER REGISTRATION

Name _____

Address _____

Phone _____ Email _____

Hereby apply for a permit to engage in the collection, transportation, disposal, and/or land application of domestic sewage in the Preble County General Health District. I agree to comply with the Sewage Treatment System Rules of the Ohio Department of Health in the collection, transportation, disposal and/or land application of domestic sewage.

I agree to transmit domestic sewage to the place of disposal in liquid tight containers, or tanks, without spillage.

Equipment:

Truck – Make and model _____

Tank or barrel capacity _____ Hoses _____

Method of disposal _____

Place of disposal _____

Applicant

OFFICE USE ONLY

_____ STATE BOND _____ 6 Hour CEU

_____ CERTIFICATE OF LIABILITY

_____ PROOF OF TEST COMPLETION

Date registered _____

Registration Number _____

Approved by _____

Date _____

A PHAB Accredited Health Department

