



**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](http://www.preblecountyhealth.org)

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

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December 1, 2023

TO: ALL SERVICE PROVIDERS

FROM: SCOTT WILFORD, HEALTH COMMISSIONER

Your current registration expires on December 31, 2023.

Please find enclosed an application to register as a Service Provider for sewage treatment systems in the Preble County General Health District in 2024.

To register, please complete and return the enclosed application with your **State bond, proof of your 6 CEUs, and the registration fee** of \$75.00. **Failure to obtain the current years CEU's will require a variance from our board at the cost of \$60.00.**

Make checks payable to the Preble County General Health District and return to:

Preble County General Health District  
615 Hillcrest Drive  
Eaton, OH 45320

If you have any questions, feel free to call our office at (937) 472-0087.

A PHAB Accredited Health Department





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**REGISTRATION FOR  
HOME SEWAGE TREATMENT SYSTEM  
SERVICE PROVIDERS**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**SERVICE CONTRACTS OFFERED? YES NO (CIRCLE ONE)**

**I hereby apply for a registration to engage in the business as a sewage treatment system service provider in the Preble County General Health District. I agree to comply with the Home Sewage Treatment Rules of the Ohio Revised Code and Ohio Administrative Code.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
STATE BOND  
\_\_\_\_\_  
CERTIFICATE OF LIABILITY  
\_\_\_\_\_  
PROOF OF TEST COMPLETION

\_\_\_\_\_ 6 Hour CEU

Date registered \_\_\_\_\_

Registration Number \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

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