



Public Health
Prevent. Promote. Protect.
Preble County

PREBLE COUNTY PUBLIC HEALTH

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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

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- _____ STATE BOND
- _____ CERTIFICATE OF LIABILITY
- _____ PROOF OF TEST COMPLETION

Date registered _____

Registration Number _____

Approved by _____

Date _____

A PHAB Accredited Health Department

