



Public Health
Prevent. Promote. Protect.
Preble County

PREBLE COUNTY PUBLIC HEALTH

615 HILLCREST DRIVE

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Facebook: facebook.com/PrebleCoHealth ♦ Twitter: @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
- _____ CERTIFICATE OF LIABILITY
- _____ PROOF OF TEST COMPLETION

Date registered _____

Registration Number _____

Approved by _____

Date _____

A PHAB Accredited Health Department

