

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

Portage County Administration Building  
449 South Meridian, 3rd Floor  
Ravenna, Ohio 44266

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Web: www.co.portage.oh.us/dept/health



**DuWayne O. Porter, M.P.H., R.S.**  
Health Commissioner

**Registration Period: January 1, 2011 to December 31, 2011**  
**NEW SEPTIC SYSTEM INSTALLER APPLICATION FOR REGISTRATION**

1. Installer's Name \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Complete Mailing Address \_\_\_\_\_  
 Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Cellular Phone # \_\_\_\_\_ Insurance Exp. Date \_\_\_\_\_
3. Business Name \_\_\_\_\_
4. Your Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Number of Years Experience \_\_\_\_\_ Website: \_\_\_\_\_

I further understand that I will abide with the Sewage Treatment System Rules as outlined in the Ohio Administrative Code Chapter 3701-29 and any other Local, State or Federal rules that may apply.

I hereby certify that the information contained on this form and any other information provided for the purpose of becoming registered is correct and up to date.

\_\_\_\_\_  
**Applicant's Name**

**SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ YEAR**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**MY COMMISSION EXPIRES**

(word) f:\data\environ health\septic installer\new si reg form - PCHD 01/07

Date Licensed: \_\_\_\_\_ Receipt # \_\_\_\_\_ Check #/Cash \_\_\_\_\_