

Clark County Combined Health District
Division of Environmental Health
529 E. Home Road
Springfield, OH 45503
Phone: 937-390-5600 Fax: 937-390-5625
Website: www.ccchd.com

Registration Application
Household Sewage Disposal System Installer
For Calendar Year 2010

Annual Fee - \$50.00

***Please Note: Your 2009 registration will expire on December 31, 2009**

Applicant Name: _____

Business Name: _____

Mailing Address: _____

Telephone: _____

Cell Phone: _____

By signing this application, you agree to abide by any and all state laws and regulations and by the regulation set forth by the Clark County Combined Health District.

Applicant Signature

Date

Health Department Use Only

Installer Registration #: _____ Receipt #: _____ Date: _____