

**Clark County Combined Health District (CCCHD)
 Division of Environmental Health
 529 E. Home Road
 Springfield, Ohio 45503
 Phone: 937-390-5600 Fax: 937-390-5625**

Operation Permit

Permit Fee \$50.00 Receipt #: _____

Address of Site	City	State	Zip
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Owner Information:			
Name			
Address	City	State	Zip
Telephone Number:	Cell Phone Number:		

This operation permit is valid until it expires or is suspended or revoked by the Board of Health. By signing this application, you agree to abide by any and all state laws and regulations and by the regulations set forth by the Clark County Combined Health District.

Applicant Signature:	Date:
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For Health District Use Only

Operation Permit Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
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Paragraph (E) of Section 120.02 of Amended Substitute House Bill 119 of the 127th General Assembly requires all boards of health to inspect all systems installed on and after July 1, 2007, within one year after installation to ensure that the system is not a public health nuisance.

Date of Inspection:	Is system a public health nuisance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspector Signature:
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Comments:
