

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

**2021
Sewage Treatment System
Service Provider Registration Application
Annual fee - \$60.00**

Business Name: _____

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Telephone: _____

Cell Phone: _____

Please provide a copy of the following:

- Surety bond**
- Liability insurance**
- 6 contact hours for 2020**

- I would like to defer my 6 continuing education hours for 2020. I understand I will be required to obtain 12 continuing education hours in 2021 in order to register for 2022.**

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 Dept. use only:

Registration # _____ Receipt # _____ Date: _____
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