



**CARROLL COUNTY  
GENERAL HEALTH DISTRICT**  
Healthy People — Safe Communities

December 13, 2023

TO: Carroll County Registered Septage Haulers

RE: 2024 Septage Hauler Registration for Carroll County

Enclosed is your application to register or renew your Septage Hauler Registration for **2024**. The fee to register as a Septage Hauler is **\$180.00** plus an additional **\$50.00 per truck**. Septage Haulers must be registered in Carroll County for 2024 before they can haul septage in Carroll County. If a Septage Hauler continues to work in Carroll County in 2024, prior to becoming registered, there will be a penalty fee of **25%** of the registration fee.

To complete your registration the following information **must be submitted**:

- Proof of compliance with Ohio Department of Health 2015 testing requirement
- Copy of General Liability Insurance & Power of Attorney
- Copy of Surety Bond\*\*
- Copy of all CEU's earned in 2023 for 2024 (minimum of six hours).
- Pumping Report forms from 2023

I have enclosed a Sewage Treatment System Contractor Registration Fact Sheet that is posted on the Ohio Department of Health's website to guide you on where to send your bond information. **\*\*I also enclosed the ODH's 2024 Septage Hauler's Bond Form and 2024 Contractor Contact Information Sheet for your convenience.** Please send a copy of the items sent to ODH to our department, along with the items listed above with your application and appropriate fees.

**Please mail application and check to:**

Carroll County General Health District

P.O. Box 98

Carrollton, OH 44615

**Attention: Corinne Ren**

All trucks are required to be inspected. **If the inspection(s) are conducted in another jurisdiction, a copy of the inspection report must be submitted to complete the application.** Please call as soon as possible to get your truck(s) inspected at 330-627-4866 ext. #1522, Monday through Friday from 8:00 am to 4:00 pm.

Sincerely,

Corinne Ren, Registrar  
Environmental Health Administrative Assistant



**“2024” Application to Operate as a Septage Hauler/Cleaner in Carroll County**

**Fee:**

**\$180.00-- Permit Fee**

**+ \$50.00 (Per Truck)**

**TO BE COMPLETED BY OWNER:**

**Business Name/Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Number of Trucks:** \_\_\_\_\_

**Owner’s Name:** \_\_\_\_\_

**Owner’s Email:** \_\_\_\_\_

- |   |                                  |              |
|---|----------------------------------|--------------|
| 1. Make of Trucks: <i>(List info. of each truck on back)</i>    | <b>Tank Type:</b> Commercial ___ | Homemade ___ |
| 2. Capacity of tank: _____ gallons <i>(minimum 500 gallons)</i> |                                  |              |
| 3. Cleanout and automatic shut off when truck is full:          | Yes: ___                         | No: ___      |
| 4. Reversible pumping unit?                                     | Yes: ___                         | No: ___      |
| 5. Wire wound hose with backwashing facility?                   | Yes: ___                         | No: ___      |
| 6. Water Tight discharge pipe?                                  | Yes: ___                         | No: ___      |
| 7. Fresh water tank under pressure for cleanup?                 | Yes: ___                         | No: ___      |
| 8. Fresh water hose for cleanup?                                | Yes: ___                         | No: ___      |
| 9. Are you operating other pumping trucks in Carroll County?    | Yes: ___                         | No: ___      |
| 10. Are you familiar with Carroll County Sanitary Regulations?  | Yes: ___                         | No: ___      |
| 11. Is the truck number on sides and rear of truck?             | Yes: ___                         | No: ___      |

**Disposal Name:** \_\_\_\_\_

**Disposal Address:** \_\_\_\_\_

**Area Service:** \_\_\_\_\_

*I understand that if I spill or drip any night soil or wastes along public highways or demonstrate inability or unwillingness to comply with Ohio Administrative Code 3701-29-20 (D) (6), or create a nuisance in any way, my permit may be revoked immediately. I agree that the above information is correct:*

**Signature of Owner**

**Application Date**

**Office Use Only:**

**Date Approved:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

**# of Trucks:** \_\_\_\_\_

**Check#:** \_\_\_\_\_