



**SEWAGE TREATMENT SYSTEMS INSTALLER
2026 APPLICATION FOR REGISTRATION
REGISTRATION PERIOD: JANUARY 1, 2026, TO DECEMBER 31, 2026**

FEE: \$276.00

COMPANY OWNER: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE: _____ MOBILE PHONE: _____

FAX #: _____ E-MAIL ADDRESS: _____

I agree to comply with the sewage regulation of the Carroll County General Health District, Ohio Revised Code (ORC) 3718 and Ohio Administrative Code (OAC) 3701-29. I have read these regulations and understand the provisions contained therein.

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.

This permit may be revoked at any time for the failure to comply with the orders and regulations of the Board of Health.

Applicant's Signature

Date

Office Use Only:

Date Approved: _____ By: _____

Registration Number: _____