



CARROLL COUNTY
GENERAL HEALTH DISTRICT
Healthy People — Safe Communities

December 13, 2023

To: Carroll County Registered Service Providers

RE: 2024 Service Provider Registration for Carroll County

Enclosed is your application to register or renew your Service Provider Registration for **2024**. The fee for 2024 is \$**100.00**. ***To complete your registration the following information must be submitted:***

- Completed Application
- Registration Fee
- Ohio Department of Health (ODH) 2015 testing requirements
- Copy of General Liability Insurance & Power of Attorney
- Copy of Surety Bond*
- Copy of all CEU's earned in 2023 for 2024 Registration (minimum of six hours)
- Proof of compliance with any system specific training, qualifications, or certification required as a condition of a system's approval by the director.

Please mail application and check to:

Carroll County General Health District

P.O. Box 98

Carrollton, OH 44615

Attention: Corinne Ren

I have enclosed the 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 the 2024 Service Provider 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.**

If you have any questions, please call me 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



CARROLL COUNTY
GENERAL HEALTH DISTRICT
Healthy People — Safe Communities

SEWAGE TREATMENT SYSTEMS
SERVICE PROVIDER

2024 APPLICATION FOR REGISTRATION

REGISTRATION PERIOD: **JANUARY 1, 2024 TO DECEMBER 31, 2024**

PLEASE PRINT CLEARLY

Fee: \$100.00

SERVICE PROVIDER'S NAME: _____

BUSINESS NAME: _____

COMPLETE ADDRESS: _____

PHONE: _____

MOBILE PHONE: _____

FAX #: _____

E-MAIL ADDRESS: _____

MANUFACTURERS/DISTRIBUTORS PRODUCTS YOU HAVE BEEN AUTHORIZED TO SERVICE:
(Please list all that apply, and submit written confirmation of approval from each with this application)

I agree to comply with the sewage regulation of the Carroll County General Health District, 3728 of the Ohio Revised Code and 3701-29 of the Ohio Administrative Code. I have received a copy of 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.

Applicant's Signature

Registration Approval

Date