SIDNEY-SHELBY COUNTY GENERAL HEALTH DISTRICT

APPLICATION FOR 2021 REGISTRATION AS A SEWAGE TREATMENT SYSTEM SERVICE PROVIDER

I hereby apply for a registration to service sewage treatment systems in the Sidney-Shelby County General Health District for the year 2021. I agree to abide by all the rules and regulations of the Ohio Administrative Code 3701-29 and the Sidney-Shelby County Health District, under penalty of possible suspension or revocation of this registration.

NAME OF	REGISTRANT				
NAME OF	REGISTRAINT				
NAME OF	BUSINESS				
ADDRESS			CITY	STATE ZIP	
E-MAIL ADDRESS OFFICE I		OFFICE PHONE	CELL PHONE	FAX	
APPLICANT'S SIGNATURE			DATE		
		DUE DECEMI	BER 31 2020		
<u>NEW</u> :	(6)hours of control of the control o	requirements for 2021. oplication to: Sidney-Sh	E) for registration. See	e attached Ohio registration fact sheet for epartment	
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TOTAL P	PAID:	REGISTI	REGISTRATION #:		
DATE PAID:		APPROV	ED: DI	SAPPROVED:	
RECEIPT #:		SANITA	RIAN	DATE	
O Sur O \$50	S Test Passed rety Bond (\$25,00 00,000 Liability In		TE)	B4 11/2020	