

**SIDNEY-SHELBY COUNTY
GENERAL HEALTH DISTRICT**

APPLICATION FOR 2026 REGISTRATION AS A SEPTAGE HAULER

I hereby apply for registration as a septage hauler and agree to comply with the applicable rules and regulations of the Ohio Administrative Code 3701-29, the Sidney-Shelby County Health District and Code of Federal Regulations Title 40 Part 503 under penalty of possible suspension or revocation of this registration.

NAME OF REGISTRANT _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL PHONE _____ FAX _____ EMAIL ADDRESS _____

PLACE AND METHOD OF DISPOSAL: _____

APPLICANT'S SIGNATURE _____

DATE _____

LISTING OF TRUCKS TO BE REGISTERED

Year/Make of Truck	Type/Capacity of Truck	License Plate #	Truck # (if any)	Health Dept. Registration #

***** DUE January 2, 2026 *****

Please submit fee of \$200.00 for your first truck and \$50.00 for each additional truck with this application and present equipment for inspection. **A late fee of 25% will be assessed if application and payment are not received or postmarked by the due date. Please schedule an appointment for vehicle(s) inspection or provide a copy of a recent passing inspection of the truck(s) done within the past 6 months by another Ohio Local Health Department.**

NEW: All contractors renewing registration must submit proof of obtaining 6 hours of continuing education (CE) for registration. See attached Ohio Department of Health sewage treatment system contractor registration fact sheet and CEU information for registration requirements for 2026. Septage Haulers that land apply septage in Shelby County must have their sites approved by the Sidney-Shelby County Health Dept.

Return application to: Sidney-Shelby County Health Department, 202 W. Poplar Street, Sidney, Ohio 45365

*****OFFICE USE ONLY*****

TOTAL PAID: _____ REGISTRATION #: _____

DATE PAID: _____ APPROVED: _____ DISAPPROVED: _____

RECEIPT #: _____ SANITARIAN: _____ DATE: _____

To charge your registration fees, please complete the following: (\$2.50 convenience fee to be applied)

Name on Card: _____ Address: _____

Card # _____ Expiration Date of Card _____ Zip Code _____

3 Digit Code from back of card _____ *CARD INFO NOT KEPT ON FILE

- STS Test Passed
- Surety Bond (\$40,000 for more than 1 system)
- \$500,000 Liability Insurance
- Obtained continuing education hours