

**SIDNEY-SHELBY COUNTY
GENERAL HEALTH DISTRICT
APPLICATION FOR 2026 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 2026. 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 BUSINESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ OFFICE PHONE _____ CELL PHONE _____ FAX _____

APPLICANT'S SIGNATURE _____

DATE _____

*****DUE JANUARY 2, 2026*****

Notice: A fee of \$200.00 must accompany this application. A 25% penalty fee will be assessed if the application and fee are not received or postmarked by the due date.

Please list the Household Sewage Treatment System manufacturers your company is factory certified for and also provide a copy of the proof of certification.

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.



Mail application to: Sidney-Shelby County Health Department
202 W. Poplar St., Sidney, OH 45365

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

TOTAL PAID _____ REGISTRATION #: _____
DATE PAID: _____ APPROVED: _____ DISAPPROVED: _____
RECEIPT #: _____ SANITARIAN/DATE: _____

To charge your registration fees, please complete the following: (convenience fee will apply)

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 | ☐ \$500,000 Liability Insurance |
| ☐ Surety Bond (\$40,000 for more than 1 system) | ☐ Obtained continuing education hours |