

**SIDNEY-SHELBY COUNTY
GENERAL HEALTH DISTRICT
APPLICATION FOR 2026 REGISTRATION
SEWAGE TREATMENT SYSTEM INSTALLER**

I hereby apply for a registration to install, alter or repair household 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 Chapter 3701-29 and the Sidney-Shelby County Combined General 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 _____

Notice: A fee of \$200.00 must accompany this application. No permits or inspections will be provided for 2026 until you are registered.

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.



Return 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 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

☐ \$500,000 Liability Insurance

☐ Surety Bond (\$40,000 for more than 1 system)

☐ Obtained continuing education hours