



# Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901  
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436  
www.scpH.org

## 2025 Application for Sewage Treatment System (STS) Contractor Registration

**Business Name:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Cell Phone (optional):** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Preferred method of contact:** \_\_\_ email \_\_\_ mail \_\_\_ fax

<u>What registration(s) are you applying for?</u>	<u>Amount Due:</u>
___ <b>Septage Hauler:</b> \$ 100.00	_____ .00
___ <b>Number of Trucks x \$ 60.00 for each pump truck</b>	_____ .00
___ <b>Installer:</b> \$ 160.00	_____ .00
___ <b>Service Provider:</b> \$ 160.00	_____ .00
<b>Total Registration Fee Due: \$ _____ .00 *</b>	

**\* Registration fees are not refundable regardless of whether the application is approved or denied \***

**The following documentation is required and must be submitted with this application, as applicable. If these are not completed or included with your application, as applicable, your application will not be reviewed.**

- \_\_\_ Copy of general liability insurance
- \_\_\_ Copies of the continuing education earned in 2024
- \_\_\_ Copy of State STS Exam Certificate
- \_\_\_ For septage haulers: copies of truck inspections for 2025 registration
- \_\_\_ For septage haulers: truck information, as well as the method for and location of disposal
- \_\_\_ For service providers: copies of any and all applicable manufacturer/distributor certifications
- \_\_\_ 2025 bonds must be sent directly to the Ohio Department of Health
- \_\_\_ Copies of any notices of violations for Ohio Administrative Code (OAC) 3701-29 from the state or other local Health departments issued since 1/1/2015

### **IMPORTANT: Please Read Carefully!**

By signing this application for registration, I agree to comply with the OAC 3701-29, the Environmental Health Code of the Summit County Public Health (SCPH) as well as all STS Operation and Maintenance rules and procedures adopted by SCPH. I certify that all information and documentation submitted is true and complete to the best of my knowledge and that if I am found to have violated OAC 3701-29 by another local health department or the state, that information must be immediately reported to SCPH while registered. Failure to report violations could be grounds for denial or revocation of my registration.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit this completed application and all of the applicable required documents to the address listed above. You will be notified of approval status and receive your registration certificate once this application has been approved. Incomplete applications will be returned unapproved. Registration approval is not granted upon submission of this application. You may not commence work as a septage hauler, installer or service provider until you are an approved and registered contractor.**

Date Received: \_\_\_\_\_  
2025 bonds verified with ODH: \_\_\_ Yes \_\_\_ No  
Registration: \_\_\_ Approved \_\_\_ Denied  
Registration Number: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_

Total Registration Fees Due:	\$ _____ .00
Amount Paid:	\$ _____ .00
Cash <input type="checkbox"/>	Check <input type="checkbox"/>
	Check #: _____
Received by: _____	

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## 2025 Application for Sewage Treatment System (STS) Septage Hauler Registration - Additional Required Information

**Business Name:** \_\_\_\_\_

### Truck Information

Truck License Plate Number

Tank Capacity (gallons)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Septage Disposal and Location

**Method of disposal:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location(s) of disposal: (please list all)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_