

**SIDNEY-SHELBY COUNTY  
GENERAL HEALTH DISTRICT**

**APPLICATION FOR 2010 REGISTRATION  
HOUSEHOLD 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 2010. I agree to abide by all the rules and regulations of the Ohio Revised Code and the Sidney-Shelby County Combined 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 \$150.00 and an original copy of a \$25,000 bond (Sewage Treatment System Installer for Shelby County) must accompany this application. **Bond term must be January 1– December 31 of the current registration year (or initial registration date thru December 31st). No permits or inspections will be provided for 2010 until you are registered.***



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 \_\_\_\_\_