



11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

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2025 Registration Application for Sewage System Installer

Registration Fee \$131

I, _____ hereby apply for registration to install household sewage disposal
(Name)
systems in the Knox County General Health District.

Business Name: _____

Name of Operator: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Cell phone:** _____ **Fax:** _____

e-mail: _____

Bond Company: _____ **Bond Expiration:** _____

I am also registered in the following counties: _____

I agree to comply with Ohio Administrative Code Chapter 3701-29, Sewage Treatment System rules which serves as the governing rules for Sewage Installers in the Knox County General Health District. A copy of the regulation is available on request or on our website at www.knoxhealth.com.

Signature: _____ **Date:** _____

OFFICE USE ONLY

ODH Approved Bond Attached CEU's Attached Insurance Certificate

Registration Approved by : _____ Registration Denied by: _____

Date: _____ **Receipt #:** _____ **Registration Number:** _____