



11660 Upper Gilchrist Rd.  
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200  
Fax 740-392-9613

## 2025 Registration Application for Sewage System Installer

**Registration Fee \$125**

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](http://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:** \_\_\_\_\_