



11660 Upper Gilchrist Rd.  
Mount Vernon, OH 43050

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**2024**  
**Registration Application For**  
**Septic Tank Cleaner/Septage Hauler**  
**Registration Fee: \$125 plus \$30 per vehicle used for hauling sewage**

I, \_\_\_\_\_ hereby apply for registration to perform the  
(Name)  
services of a septic tank cleaner/septage hauler in the Knox County General Health District.

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

**Name of Operator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_ **Number of Vehicles to Register:** \_\_\_\_\_

**Bond Company:** \_\_\_\_\_ **Bond Expiration:** \_\_\_\_\_

**Method (s) of Disposal** \_\_\_\_\_

**List Disposal site (s) and address** \_\_\_\_\_  
(use reverse side if necessary)

**I am also registered in the following counties** \_\_\_\_\_

**I agree to comply with Ohio Administrative Code, Chapters 3701- 29 which serves as the governing rules for septic cleaners in the Knox County General Health District.**

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

**(Signature)**

**OFFICE USE ONLY**

ODH Approved     Bond Attached     CEU's Attached     Insurance     Certificate

Registration Approved by: \_\_\_\_\_  Registration Denied by: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_