Warren County Health District
416 South East Street
Lebanon, Ohio 45036
513-695-1220

Registration Application for **Sewage Treatment System Installer**

2026 Registration Fee: **$100.00**

I _____ residing at _____

_____ hereby apply for registration as a Sewage Treatment System Installer in the Warren County Health District.

Business name and address _____ _____ _____ _____ ____ _____ _____ ____ _____

_____ ____ _____ _____ ____ _____

Phone Number _____ Fax Number_____

Cell Phone Number _____ Email _____

***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** *****

I agree to comply with Ohio Administrative Code 3701-29 and the Warren County Combined Health District Board of Health Rules and Regulations pertaining to household sewage treatment systems. I have a copy of these rules and Regulations and understand the provisions contained therein.

Date _____ _____ _____ ____ _____ _____ ____ _____

Signature of Applicant

***** **REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR** *****

Registration No. _____
(Office Use Only)

Approved by: _____
(Office Use Only)

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