



Warren County Health District

416 South East Street
Lebanon, Ohio 45036
513-695-1220

Received by: _____

Receipt #:

2026 Registration Application to Haul Septage within Warren County

Business Name: _____ Date: _____

Operator Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____ Email: _____

Land Application Site: _____

Sewage Treatment Plant Location: _____

Bond Company: _____ Bond Expiration Date: _____

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

I/we hereby apply for a registration to haul septic waste in Warren County during the year of 2025.

I/we agree to comply with Ohio Administrative Code 3701-29 and the Warren County Health District

Board of Health Rules and Regulations pertaining to household sewage treatment systems.

I/we have a copy of the rules and regulations and understand the provisions contained therein.

I/we further agree to dispose of septic tank wastes at approved county or municipal sewage treatment plants or at an approved land application site.

FORM MUST BE TOTALLY COMPLETED BEFORE PERMIT WILL BE ISSUED

Signature of Applicant:

Approved by: _____

Date: _____

(Office Use Only)