



## 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: \_\_\_\_\_

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I/we hereby apply for a registration to haul septage 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**

| Year | Make | Body | License | ID | Capacity                  | Fee    |
|------|------|------|---------|----|---------------------------|--------|
|      |      |      |         |    |                           | 25.00  |
|      |      |      |         |    |                           |        |
|      |      |      |         |    |                           |        |
|      |      |      |         |    |                           |        |
|      |      |      |         |    |                           |        |
|      |      |      |         |    | Total Vehicle Permits:    |        |
|      |      |      |         |    | Company Registration Fee: | 100.00 |
|      |      |      |         |    | Total Fee:                |        |

Signature of Applicant: \_\_\_\_\_

Approved by: \_\_\_\_\_

(Office Use Only)

Date: \_\_\_\_\_