



HANCOCK PUBLIC HEALTH **2024 SEPTIC REGISTRATION**

IMPORTANT NOTICE:

Septic Contractors must be registered with Hancock County prior to doing any jobs in 2024

(See the rest of the packet for all details)

PAYMENT OPTIONS:

Cash, check, or card. Checks payable to "HPH."
If using card, call ahead at 419-424-7870
(4% service fee added for card use).

PAPERWORK SUBMISSION:

U.S. Mail: HPH, 2225 Keith Parkway, Findlay, OH 45840
Scan Email: EH@hancockPH.com
Fax: 419-424-7872

OFFICE HOURS:

Mon 9-4:00; Tues-Fri 8-4:00, including lunch hour





Hancock Public Health

Your Recognized Leader in Population Health

Karim Baroudi, MPH, Health Commissioner



DATE: NOVEMBER 10, 2023

TO: Sewage System Installers, Evaluators, Service Providers and Septage Haulers

FROM: Lindsay Summit, MPH, RS, Director of Environmental Health

RE: 2024 Registration, Bond, and CEU Requirements for Hancock Public Health

2024 SEWAGE CONTRACTOR REGISTRATION

To register with Hancock Public Health (HPH) for 2024, contractors must FIRST fill out state bond paperwork with the Ohio Department of Health (ODH). HPH will not be able to list you as a registered contractor in Hancock Co. until you are approved and listed as having a state bond. To fill out the state bond paperwork, go to odh.ohio.gov/know-our-programs/sewage-treatment-systems/forms and click on the box that applies to your type of business. Make sure you click on the appropriate 2024 bond box. You may need to scroll down on the bond page and/or go to the second page to find the bond package that applies to your business. If you are operating as a contractor in more than one bond category you will need to fill out all corresponding bond packets for each operating category (example: If you want to be a hauler AND installer, you will need to click on each separate bond box for hauler AND installer and fill out all the required paperwork separately).

Also enclosed are the 2024 Hancock County Registration Form/s that will need to be completed and returned to our office with the appropriate fee.

Sewage Evaluators will be required to register as service providers; therefore, you must complete the ODH service provider bond paperwork.

Septage Haulers who received truck inspections in their home counties must provide a copy of their inspection report/s with the registration documents to HPH. If you need a truck inspection, please contact our office to schedule an appointment. **Also, if our office has not received a pumping report from you in 2023, we will not be able to license you for 2024.** If you need a pumping report, they can be accessed at: odh.ohio.gov/know-our-programs/sewage-treatment-systems/forms/pump-report

Sewage Installers must be current on their as-builts and/or tank abandonments. Ohio Administrative code 3701-29-09(F) requires registered installers to provide drawings of completed systems. **Installers will not be registered for 2024 until as-builts have been received for 2023 installs.**

**TURN PAGE OVER FOR CONTINUING EDUCATION REQUIREMENTS,
FEES, AND CHECKLISTS** 



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CONTINUING EDUCATION:

Contractors are required to submit a total of **6 hours of continuing education** that were obtained during 2023 to renew the 2024 registration.

2024 SEWAGE REGISTRATION FEES:

Installers	\$210.00
Evaluators	\$25.00
Service Providers	\$29.00
Septage Hauler Per Truck	\$71.00

*****Contractors must have a completed registration on file prior to starting a job*****

CHECKLISTS:

An applicant will not be registered until all required information is on file at the Health Department. Required information includes the following:

Installer, Evaluator, Or Service Provider	Septage Hauler
<input type="checkbox"/> Hancock County Application	<input type="checkbox"/> Hancock County Application
<input type="checkbox"/> Correct Fee	<input type="checkbox"/> Correct Fee
<input type="checkbox"/> Proof of 6 CEU's	<input type="checkbox"/> Proof of 6 CEU's
<input type="checkbox"/> Certificate of Liability	<input type="checkbox"/> Certificate of Liability
<input type="checkbox"/> Proof from ODH that all bonding requirements have been met	<input type="checkbox"/> Proof from ODH that all bonding requirements have been met
<input type="checkbox"/> Outstanding as-builts and/or tank abandonments	<input type="checkbox"/> Truck Inspection (If Applicable)
	<input type="checkbox"/> Pumping Reports (If Applicable)



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APPLICATION FOR REGISTRATION OF SEWAGE SYSTEM INSTALLER & INSPECTOR/EVALUATOR

Please check the categories for which you will be making application:

INSTALLER

INSPECTOR/EVALUATOR

Legal Company Name:			
Applicant:			
Address:	City	State	Zip Code
Phone:	Cell Phone:		
Fax:			
E-mail:			
Exam Certification Holder:			

I am also registered in (Other Jurisdictions):

I agree to comply with Chapter 3701-29 of the Ohio Administrative Code.

Applicant _____
(Signature)

Date _____

OFFICE USE ONLY

PRIOR TO ISSUING REGISTRATION OUR OFFICE MUST HAVE THE FOLLOWING:

CEU's (6)-Contractor to provide

Cert. of Liability-Contractor to provide

Bond-ODH Website

Amount Paid: _____

Permit Number: _____

Date Registration Approved: _____

Issued By: _____

Revised 11/08/22



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APPLICATION FOR REGISTRATION OF SEWAGE SYSTEM SERVICE PROVIDER

I hereby apply for registration to Service household sewage disposal systems in the Hancock County General Health District.

Legal Company Name:			
Applicant:			
Address:	City	State	Zip Code
Phone:	Cell Phone:		
Fax:			
E-mail:			

I agree to comply with the Hancock County Sewage Treatment and Disposal Rules, Chapter 3701-29 of the Ohio Administrative Code.

List the systems that you are certified/qualified to provide service on. If you have obtained new certification/qualification, please include proof of compliance.

Applicant _____
(Signature)

Date _____

OFFICE USE ONLY BELOW

PRIOR TO ISSUING REGISTRATION OUR OFFICE MUST HAVE THE FOLLOWING:

- CEU's (6)-Contractor to provide
- Cert. of Liability-Contractor to provide
- Bond-ODH Website

Amount Paid: _____

Permit Number: _____

Date Registration Approved: _____

Issued By: _____

Revised 11/08/22



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APPLICATION FOR REGISTRATION OF SEWAGE HAULER/TANK CLEANER

Legal Company Name:			
Applicant:			
Address:	City	State	Zip Code
Phone:	Cell Phone:		
Fax:			
E-mail:			
Make of Truck	Year		
License Plate Number	Truck ID	Tank Capacity	
Method of Disposal			

I am also registered in (Other Jurisdictions): _____

I hereby apply for registration to perform the services of a Sewage Tank Cleaner in the Hancock County General Health District. I agree to comply with Chapter 3701-29 of the Administrative Code.

Applicant _____
(Signature)

Date _____

OFFICE USE ONLY

PRIOR TO ISSUING REGISTRATION OUR OFFICE MUST HAVE THE FOLLOWING:

- Bond-ODH Website
- Cert. of Liability-Contractor to provide
- CEU's (6)-Contractor to provide
- Truck Inspection-May be from another county

Amount Paid: _____

Permit Number: _____

Date Registration Approved: _____

Issued By: _____

Revised 11/08/22