

**NEWARK**

(740)-349-6535
675 Price Rd.
Newark, OH 43055

PATASKALA

(740) 755-4520
621 W. Broad St.
Pataskala, OH 43062

www.lickingcohealth.org

November 3, 2025

Registered Installers, Haulers, and Service Providers,

Please find enclosed your 2026 registration application. You will still be required to hold a minimum of \$500,000 general liability insurance, and you will be required to have a surety bond on file with the Ohio Department of Health. We will not approve your registration until your bond is submitted and approved by the Ohio Department of Health via their website. The specific registration requirements are contained in Ohio Administrative Code Rule 3701-29-03.

Our annual training workshop will be held on December 19, 2025 at OSU Newark/COTC – 1219 University Drive Newark, Ohio 43055 at 8:00 AM in room WC 126. The agenda will be posted on our website. Please RSVP if you are attending, seating is limited.

Sewage treatment systems contractors are required to obtain 6 hours of CE during 2025 in order to renew registrations for 2026. This class will suffice for your 6 CE hours to register in 2026.

- **WORKSHOP RSVP LINK:** <https://forms.office.com/r/9iPkUxFsb5>

Reminder to please send us an updated certificate of liability insurance when yours is expired or about ready to expire. We will withhold any permits and inspection requests if your insurance is expired.

Also, if you have any documentation that you haven't submitted as required in the regulations (as-built drawings, pumping reports, etc.), we will not be able to approve your registration until you have properly submitted everything.

If you have any questions, please contact us at 740-349-6535, and ask for a member of our Sewage Program staff.

Sincerely,

Chad Brown, RS, MPH

Health Commissioner

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Septic Service Provider Registration Form

Application for registration to engage in the septic business within the jurisdiction of Licking County Health Department.

Business Name: _____

Contractor Name: _____

Street Address: _____

Cell Phone Number: _____ Additional Phone Number: _____

Email Address: _____

Type of Components Serviced: _____

Registration For Septic Service Provider Contractor in Licking County - \$250.00

- PROOF OF GENERAL LIABILITY INSURANCE OF NOT LESS THAN \$500,000. PROOF OF LIABILITY INSURANCE MUST BE SUBMITTED TO THE LICKING COUNTY HEALTH DEPARTMENT.
- AND A SURETY BOND ISSUED FOR THE CALENDAR YEAR ON THE ODH BOND FORM IS REQUIRED. SUBMIT THE SURETY BOND WITH ORIGINAL SIGNATURES AND SEAL TO THE OHIO DEPARTMENT OF HEALTH. PLEASE PROVIDE LICKING COUNTY HEALTH DEPARTMENT A COPY OF THE BOND.
- ANY NEW SEWAGE TREATMENT SYSTEM INSTALLER MUST PASS THE ODH REGISTRATION EXAM AND PROVIDE OUR OFFICE WITH THE CERTIFICATE PER OAC RULE 3701-29-03(C)(2).
- IF YOU ARE RENEWING YOUR REGISTRATION, YOU MUST PROVIDE PROOF OF SIX (6) CONTINUING EDUCATION CREDITS TO CONTINUE OPERATING ON OR AFTER JANUARY 1, 2026.

By signing this application, I agree to comply with the rules and regulations of the Licking County Combined General Health District and the State of Ohio governing the business of septic systems. I have a copy of these rules and regulations and understand the provisions contained therein.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

LCHD INTERNAL USE ONLY

Bond Attached & ODH Approval ☐

Insurance ☐

Test Certificate ☐

CEUs Attached ☐

Registration Approved ☐

Date Processed In HDIS:

Insurance Expiration Date:

HDIS Assigned Registration #: