

NEWARK

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

PATASKALA

(740) 755-4520621 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.

Hauler trucks are required to be inspected by our office or other health department. You must have proof of hauler truck inspection report.

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



Insurance Expiration Date:

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Septic Hauler Registration Form

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

Business Na	me:		Contractor N	_ Contractor Name:			
Street Addre	ess:		Cell Phone N	Cell Phone Number:			
Email Addre	ss:		Additional Er	Additional Email/Number:			
_		ditional Vehicle Reg	gistration - \$50 Per	Vehicle			
 PROOF OF GENERAL LIABILITY INSURANCE OF NOT LESS THAN \$500,000. PROOF OF LIABILITY INSURANCE MUST BE SUBMITTED TO THE LICKING COUNTY HEALTH DEPARTMENT. 							
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• PRC	OF OF HAULER TRUC	K INSPECTION REPO	ORT BY LCHD OR OTH	HER DEPARTM	IENT.		
YEAR	Make	Body	License	ID	Capacity	Fee	
<u> </u>				I.	Total F	ee: \$	
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Applicant Na	ame (Print):						
Applicant Sig	gnature:			Date:			
LCHD INTER	NAL USE ONLY						
_	ed & ODH Approval [3	Insurance \square	Insurance □			
Test Certificate □			CEUs Attache	CEUs Attached □			
Registration Approved □			Date Process	Date Processed In HDIS:			

HDIS Assigned Registration #: