

**ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON STREET
JEFFERSON, OHIO 44047
PHONE: (440) 576-6010**

TO: Licensed Septage Pumpers
FROM: Ashtabula County Health Department
RE: Renewal of Septage Pumpers License

Your license to pump and clean household sewage disposal systems expires **January 1st**. Enclosed is a license application form which you must complete and return to our office with the appropriate fee by January 1st.

The current fee structure for septage pumpers conducted business in the Ashtabula County Health District is:

- \$100.00 for first truck, plus \$80.00 for each additional truck
- \$180.00 for first truck, plus \$140.00 for each additional truck **if license is late and/or not renewed by January 1st**.
- \$75.00 fee for each approved septage application site under the direct control of each septage pumpers which is due by April 1st.

Please note that all septage pumpers must carry a minimum of \$25,000 pumpers bond in the Ashtabula County General Health District.

Should questions arise pertaining to these septage regulations, contact our office.

Make checks payable to: **ASHTABULA COUNTY HEALTH DEPARTMENT**

APPLICATION FOR SEWAGE PUMPER'S LICENSE

DATE _____

APPLICANT'S NAME _____ PHONE _____

ADDRESS _____

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____

LICENSED ALSO IN: List City or County Health Department Jurisdiction

METHOD OF DISPOSAL (Please Check):

1. Public Sewage System _____ 3. Subsurface Application _____
2. Surface Application _____ A. Injection _____

NUMBER OF TRUCKS WORKING IN ASHTABULA COUNTY: _____

EQUIPMENT SPECIFICATIONS:

Truck (s) Brand Name (s) (VOLUME) _____

Truck (s) License Number (s) _____

Truck (s) Body Color (s) _____

Type (s) of Application Device (s) _____
(spreader plate, injector, etc)

TEMPORARY HOLDING FACILITIES YES _____ NO _____

IF YES, GIVE LOCATION, SIZE AND TYPE OF CONSTRUCTION _____

SPECIFY DISCHARGE POINT (S) FOR SEPTAGE: _____

Application is hereby made to the Ashtabula County Health Department, Jefferson, Ohio, for a license to engage in cleaning of sewage tanks.

The applicant hereby agrees to adhere to all the regulations of the Board of Health pertaining to the above service and understands that any violation of these regulations is sufficient cause for revocation of the license and prosecution, as provided by law.

APPLICANT'S SIGNATURE

Application Approved

date

Application Disapproved

date

HEALTH COMMISSIONER'S SIGNATURE

FOR OFFICE USE ONLY

Date _____

License Number _____

Receipt Number _____

Check Number _____

Amount _____

SEPTAGE PUMPERS BOND

KNOW ALL MEN BY THESE PRESENTS, That we _____

as principal, and _____ as sureties are held and firmly bound unto the County of Ashtabula, State of Ohio, or any person, in the sum of Twenty-five Thousand Dollars, the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors and administrators.

WITNESS our hands this _____ day of _____

two thousand and _____.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH that whereas _____

has this day been licensed by the Board of Health, of Ashtabula County General Health District of Ohio, to pump sewage tanks in said Health District, for the term of ONE YEAR commencing on the first day of January, _____ and ending December 31, _____.

NOW, if the said _____ shall well and faithfully indemnify and save harmless the said Ashtabula County or any person from all loss and damages that may be occupied in any wise by accident, caused by the want of care, skill, or attention on his part or on the part of his agents in the prosecution, protection, or completion of such work, or that may be occasioned by reason of any opening by him made, or cause to be made, or the placing of any material in any street or public highway, in the making of any connection with any water pipe or sewer drain as aforesaid; and also that he will promptly, at the proper time, replace or restore, or cause to be replaced or restored, the street and pavement over such opening to as good a state and condition as he found it previous to opening the same, or pay the said Ashtabula County or any person for having the same replaced and restored, as the case may be; and if he will conform time to time, be established by said Board of Health of the Ashtabula County General Health District, then this obligation shall be void; otherwise it shall be and remain in full force and virtue. In no event shall the aggregate liability of the surety to all claimants exceed the amount stated above.

(SEAL)
Principal

Residence _____

(SEAL)
Surety

Residence _____

(SEAL)
Surety

Residence _____