

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

TO: Water Haulers  
FROM: Ashtabula County Health Department  
RE: Renewal of Water Haulers License

Your license to transport potable water will expire soon and must be renewed if you plan to operate next year. Enclosed is a license application form which must be completed and returned with the appropriate fee **before January 1st.**

Please note that the current license fees for water haulers are as follows:

- - - \$60.00 first truck plus \$30.00 each additional truck
- - - \$120.00 first truck plus \$60.00 each additional truck **if the license is NOT renewed by January 1st.**

Should you have any further questions pertaining to this matter, please contact our office.

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

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

Date \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Rect No. \_\_\_\_\_  
Amt. \_\_\_\_\_

WATER HAULERS APPLICATION FORM

Name of Company \_\_\_\_\_  
Address/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Owner's Name \_\_\_\_\_  
Address/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Number of vehicles operating in Ashtabula County  
\_\_\_\_\_ Inspection fee enclosed at **\$60.00 for the first truck and \$30.00 for each additional truck**  
\_\_\_\_\_ Please check if your truck(s) are inspected and issued stickers by another health district  
Name of Health District: \_\_\_\_\_  
**(You are required to be stickered and fees collected by only one health department.)**

Source(s) of your water \_\_\_\_\_  
(Must be from a **PUBLIC** supply) \_\_\_\_\_

Filling point location(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* Due date for this application is **no later than January 1st.**  
\*\*\* Please arrange to bring trucks into the Ashtabula County Health Department (parking lot) for inspection any weekday morning during January from 8:00 - 10:00 A.M.

Description of vehicles (attach separate sheet if more than four vehicles)

Vehicle 1	Vehicle 2
Type _____	Type _____
Make/Model _____	Make/Model _____
Capacity (gal) _____	Capacity (gal) _____

Vehicle 3	Vehicle 4
Type _____	Type _____
Make/Model _____	Make/Model _____
Capacity (gal) _____	Capacity (gal) _____

\*\* All vehicles used in the transportation of potable water for human consumption shall not have previously transported any noxious or toxic substance or material and shall be clean, sanitary and protected from contamination at all times. Please note chlorination requirements in OAC 3701-28-18 (E) (F).