



# GCCHD

Greene County Combined Health District  
360 Wilson Drive  
Xenia, Ohio 45385  
937/374-5600•937/426-6351

## APPLICATION FOR SEWAGE TREATMENT SYSTEM INSTALLER REGISTRATION

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ FAX# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

OPERATOR (NAME) \_\_\_\_\_

Each registered installer must be able to demonstrate competency, familiarity and knowledge of the sewage treatment system regulations in one of three ways. One of these requirements must be completed prior to registration renewal.

1. Achieve and maintain active status as an Installation Qualified contractor through the Ohio Onsite Wastewater Association (OOWA)
2. Achieve and maintain active status as a Certified Installer of Onsite Wastewater Treatment Systems (CIOWTS) through the National Environmental Health Association (NEHA).
3. Achieve completion of at least six **(6) hours** of continuing education training through education programs approved by the Health District.

Contact OOWA or NEHA for more details about the installer certification programs.

\_\_\_\_\_ Attendance records and/or receipts are attached from previous year's training classes.

Records must be included before the registration will be processed.

**I hereby agree, if registered, to comply with all the provisions of the Greene County Combined Health District Household Sewage Treatment System Regulations. I also certify that the statements in this application are true and correct to the best of my knowledge and belief. If any part of this application is found to be false, my registration may be suspended or revoked.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Health Department use only**

**Registration # \_\_\_\_\_ Date \_\_\_\_\_ CEUs Attached \_\_\_\_\_**