

CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)



529 E. Home Road
Springfield, Ohio 45503
(937) 717-2451, Ext. 251 Fax (937) 390-5625 e-mail: rcahill@ccchd.com
or visit us at www.ccchd.com

City of Springfield & New Carlisle Sewer Tapper 2024

To register to install new or replacement sewer laterals in the City of Springfield & New Carlisle for the year **2024**, you must pass the exam (or renew by January 31 of license year), pay a fee and fill out the information below.

Date of Application: _____

Registration Fee: \$40.00

Name		CCCHD Registration No.	
Business Name/DBA			
Business Address	City	State	Zip
Business Phone No.	Business Fax No.		
Cell Phone No.	E-mail:		

Please send information to my home address listed below. (if not checked, info will be sent to business)

Home Address	City	State	Zip
Home Phone No.			

Please mark the information that applies to you and include a copy for your file:

- I have a current \$10,000.00 bond.
- I have a current certificate of liability insurance. (\$10,000/300,000 min liability)
- I have a current Certificate of Worker's Compensation.

By signing this application, you agree to abide by any and all state laws and regulations and by the regulations set forth by the Clark County Combined Health District.

Signature

Date

Please Note: Your current registration will expire on December 31.