



Clark County Combined Health District  
Division of Environmental Health  
529 E. Home Road  
Springfield, OH 45503  
Phone: 937-717-2451 opt.5 Fax: 937-390-5625  
Email: [environmental@ccchd.com](mailto:environmental@ccchd.com)

**2025  
Sewage Treatment System  
Installer Registration Application  
Annual fee - \$60.00**

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

- Please provide a copy of the following:
- Surety bond**
  - Liability insurance**
  - OR 6 contact hours for 2024**

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

\_\_\_\_\_  
Applicant Signature Date

**Health Dept. use only:**

Registration # \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_