



GCCHD

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

APPLICATION FOR SERVICE PROVIDER REGISTRATION

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ CELL PHONE _____ FAX# _____

E-MAIL ADDRESS _____

OPERATOR (NAME) _____

Each service provider 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 or service provider 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 _____