



## Household Sewage Treatment System Application for Property Owner Service Provider Registration

256 E. Williamstown Road  
Ottawa, OH 45875  
Phone: 419-523-5608  
Fax: 567-538-5076  
Email: [pchd@putnamhealth.com](mailto:pchd@putnamhealth.com)  
Website: [www.putnamhealth.com](http://www.putnamhealth.com)

- **Submit this completed form along with a copy of the certificate of completion from the STS exam and the \$75.00 permit fee to:**  
Putnam County Health Department (PCHD) 256 E. Williamstown Rd., Ottawa, OH 45875.

<b>Applicant</b>	
<b>Property Address</b>	
<b>City, State, Zip</b>	
<b>Phone (Required)</b>	<b>Email</b>
Mailing Address (if different than above)	

Ohio Revised Code Chapter 3718 and Ohio Administrative Code Rule 3701-29-03 require the registration of sewage treatment system installers, service providers and septage haulers with each local health district where they perform work. A service provider is defined as: "any person who services, monitors, evaluates or samples, but does not install or alter sewage treatment systems or gray water recycling systems. For the purpose of this chapter, service provider shall include a homeowner servicing his own system to meet the requirement of a service contract for product approval or demonstration of maintenance for an O & M program established in accordance with rule 3701-29-19 of the Administrative Code."

Anyone registering as a sewage treatment system installer, service provider, or septage hauler shall take a test on the sewage treatment system rules. The test is an open book test with 75 questions. (Each question will indicate which rule the question is related to.) Three hours will be provided to take the open book test. You have up to 5 attempts to complete the exam at no additional charge. The current exam fee through OTCO is \$65.00. A passing score is 75 percent or greater. A certificate will be provided upon passing the test. The certificate will be required to register. Please submit a copy of the certificate along with this application and the \$75 permit fee.

The Operator Training Committee of Ohio, under the direction of the Ohio Department of Health, states:

I understand that my results and my certificate (with a score of 75% or greater) will be sent via the email address I provided upon registration and to the Ohio Department of Health (ODH).

I understand to print a full-size copy of my certificate I must first download the certificate then print from the downloaded copy.

I understand if I desire to receive a paper copy (via US mail or FedEx) of my results including my certificate (with a score of 75% or greater), there will be an additional fee.

**Upon registration approval, evaluation forms will be sent to the homeowner to perform the Operation & Maintenance evaluation.**

<b>Property Owner Service Provider Signature</b>	<b>Date</b>
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\*Signature required.

Office Use below line

O & M Permit Receipt #:	Date received:	Received By:
Test Date:	Score:	CEUs Attached: <b>WAIVED</b>
Service Provider Registration fee: <b>WAIVED</b>	Proof of Insurance: <b>WAIVED</b>	Bond Received: <b>WAIVED</b>

Registration Approved \_\_\_\_\_  Registration Denied \_\_\_\_\_