



HOMEOWNER SERVICE PROVIDER REGISTRATION APPLICATION

Defiance County General Health District

1300 East Second Street, Suite 100, Defiance, Ohio 43512

Phone 419-784-3818 Fax 419-782-4979

www.defiancecohealth.org

Click To Submit

Permit Group: A

Homeowner Name: _____ Township: _____

Street Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Per Appendix A, Defiance County General Health District Supplement to Ohio Administrative Code (OAC) 3701-29 Homeowner Service Provider is defined as:

"Homeowner Service Provider" means a homeowner who has registered with the district to conduct operation & maintenance inspections on the STS or GWRS serving the home in which they reside. This may include the inspection and evaluation of the sewage treatment system (STS) for safety and function, adding risers or filters, measurement of sludge and scum levels in the tank, collection of effluent or making repairs that does not qualify as an installation or alteration. If the residence is held by a family trust of which the resident is a party, the resident may register as a homeowner service provider.

Per Appendix 5 of the Supplement: A Homeowner Service Provider may not service or repair an aeration treatment unit (ATU) unless it is done under the supervision of Registered Service Provider business.

The applicant agrees to the following:

I affirm that I am the owner and resident of the home which the Sewage Treatment System serves.

I agree to comply with Chapter 3701-29 of the Ohio Administrative Code (OAC), and the rules and policies of the Defiance County General Health District.

I agree to supply the board of health with a copy of the service contract if it is required under the rules. This is required for aeration treatment units (ATU's) and Anua Puraflo systems.

I agree to provide the board of health with inspection reports and sampling results within 60 days of inspection or sampling.

I agree to supply the board of health with records that are accurate to the best of my ability.

Signature: _____ Date: _____

****RETURN THIS FORM WITH A COPY OF YOUR OTCO CERTIFICATE****

(Office use)

Year _____ Test Date _____ Test Score _____

Registration Approved Registration Denied Date: _____ Initials: _____

Tracking # _____ Date Paid: _____ NA _____ Amount: _____ NA _____