



Public Health
Prevent. Promote. Protect.

Mahoning County District Board of Health Sewage Treatment System Program 2021 Septage Hauler Application

Please complete the following information and submit the appropriate documentation and application fee.

Company Name _____ Registration Number _____

Company Owner _____

Company Representative (if different from owner) _____

Company Street Address _____

Mailing Address (if different from company address) _____

Company Phone Number _____ Company Fax _____

Additional Contact Phone Number _____ Company Email _____

Owner Signature: _____ Date _____

| Vehicle License Plate # | Truck # | Year, Make & Model | Tank Capacity | Disposal Locations |
|-------------------------|---------|--------------------|---------------|--------------------|
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OFFICE USE ONLY

Sanitarian Approval _____ Approval Date _____

Required Documents for Registration Approval:

- Application and Fee
- Proof of Completed Hours
- Test Requirements Passed
- Surety Bond Copy
- General Liability Insurance
- Proof of Compliance
- Inspection Form

Mail Application To:

50 Westchester Drive
Youngstown, Ohio 44515
Phone: 1-330-270-2855 Fax: 1-330-270-2859