



**Public Health**  
Prevent. Promote. Protect.

# Mahoning County Public Health Sewage Treatment System Program 2020 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

### OFFICE USE ONLY

Sanitarian Approval \_\_\_\_\_ Approval Date \_\_\_\_\_

#### Required Documents for Registration Approval:

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

#### Mail Application To:

50 Westchester Drive  
Youngstown, Ohio 44515

Phone: 1-330-270-2855 Fax: 1-330-270-2859