



11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200
Fax 740-392-9613

2013 Registration Application for Sewage System Installer

Registration Fee \$125

I, _____ hereby apply for registration to install household
(name)
sewage disposal systems in the Knox County General Health District.

BUSINESS NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

APPLICANT'S NAME _____

ADDRESS _____ **PHONE** _____

I am also registered in the following counties: _____

I agree to comply with Regulation 801 of the Knox County Board of Health. A copy of the regulation is available on request or on our website at www.knoxhealth.com

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

Registration Approved Disapproved By _____

Registration # _____ Fee Received \$ _____ Bond Received \$ _____