



11660 Upper Gilchrist Rd.  
Mount Vernon, OH 43050

www.knoxhealth.com

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## 2016 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](http://www.knoxhealth.com)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### OFFICE USE ONLY

Registration  Approved  Disapproved By \_\_\_\_\_

Registration # \_\_\_\_\_ Fee Received \$ \_\_\_\_\_ Bond Received \$ \_\_\_\_\_