

**APPLICATION TO HAUL SEPTAGE
WITHIN GREENE COUNTY
VEHICLE REGISTRATION**

**Greene County Combined Health District
360 Wilson Drive
Xenia, OH 45385
(937) 374-5606 Fax: (937) 374-5675**

Truck ID#: _____ Date: _____

Company Name: _____

Operator Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax# _____

Truck Year: _____ Truck Make: _____ Truck Body Type: _____

Truck License#: _____ Capacity: _____

Septage Disposal Location _____

After the application has been received the vehicle must be brought to the Health District for an inspection.

All land application of septage must be at a site approved by the Greene County Combined Health District. Contact this office for more information about land application.

I hereby agree, if registered, to comply with all the provisions of the Greene County Combined Health District Household Sewage Treatment System Regulations. I also certify that the statements in this application are true and correct to the best of my knowledge and belief. If any part of this application is found to be false, my registration may be suspended or revoked.

Signature of Operator

Date

Fill out the Company Registration Application and the Vehicle Registration Application and return all Applications with the appropriate fees to the Health District.

**Greene County Combined Health District
Attn: Environmental Health Division
360 Wilson Drive
Xenia, OH 45385**