



Mahoning County Public Health Sewage Treatment System Program 2024 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: _____ Date: _____

Required Documents for Registration Approval:

- | | |
|--|---|
| <input type="checkbox"/> Application and Fee | <input type="checkbox"/> Proof of Completed Hours |
| <input type="checkbox"/> Test Requirements Passed | <input type="checkbox"/> Surety Bond Copy |
| <input type="checkbox"/> General Liability Insurance | <input type="checkbox"/> Proof of Compliance |
| <input type="checkbox"/> Inspection Form | |

Mail Application To:

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