



4800 Ledgewood Drive, Medina, Ohio 44256

Daniel J. Raub, DO, MA, FACOFP
Health Commissioner

330-723-9688

888-723-9688

www.medinahhealth.org

NOTICE

TO: Sewage Treatment Systems Service Providers Registered in Medina County

SUBJECT: 2012 Registration Renewal

DATE: November 15, 2011

Enclosed is the Registration Application for the 2012 registration renewal for Medina County Sewage Treatment Systems Service Providers. For your renewal, you will need to complete and submit the following to this office before January 1, 2012, or prior to performing work in 2012 on sewage systems in Medina County:

1. The enclosed application (**Please make any corrections to the form, making sure to sign and date it, and add your email address if you have one**);
2. The \$100.00 registration fee; and
3. Provide proof of General Liability Insurance.

You will **not** need to submit a Service Provider Bond for the 2012 registration year.

Please note that the Medina County Health Department no longer has a post office box. All mail should be directed to our street address: 4800 Ledgewood Drive, Medina, Ohio 44256.

For your convenience, the Medina County Health Department accepts *VISA* and *MASTERCARD*.

Please feel free to contact this office weekdays between 8:00 a.m. and 4:30 p.m. if you have any questions, or visit our website at www.medinahhealth.org.

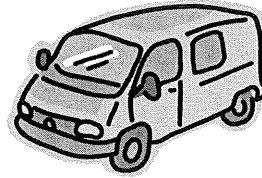
Sincerely,

Stephen M. Mazak, R.S., Coordinator
Sewage, Water, and Plumbing Programs

SMM/lis

Enclosure: Application Form

Administration	Dental	Environmental	Nursing	WIC
330-723-9511	330-725-8794	330-723-9523	330-723-9688	330-723-9629
330-723-9659 fax	330-723-9674 fax	330-723-9650 fax	330-723-9697 fax	330-723-9630 fax



**MEDINA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL DIVISION**

**4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256
(330) 723-9523 * TOLL FREE (888) 723-9688 * FAX (330) 723-9650
www.medinahealth.org**

**2012 REGISTRATION APPLICATION for
SEWAGE TREATMENT SYSTEMS SERVICE PROVIDERS**

Registration shall be completed annually before January 1, or before working on or installing any household sewage treatment system in any given year. The fee must be submitted ANNUALLY with the application. VISA and MasterCard are accepted.

SERVICE PROVIDER NAME:

OWNER NAME:

ADDRESS:

CITY, STATE, ZIP:

BUSINESS NUMBER: CELL PHONE NUMBER:

HOME TELEPHONE: FAX NUMBER:

EMAIL ADDRESS:

I understand that I must comply with all applicable requirements in Chapter 29, Medina County Sanitary Code. Failure to comply may result in the suspension or revocation of my registration.

Signature: _____
Date: _____

*****HEALTH DEPARTMENT USE ONLY*****

DATE APPLICATION RECEIVED: _____ RECEIPT NUMBER: _____ CLERK: _____