STARK COUNTY HEALTH DEPARTMENT

"Striving Toward a **Healthier** Community."

Homeowner Aerator Servicing Registration

Stark County Health Department

7235 Whipple Ave NW, North Canton OH 44720

Return this form, fee, 2025 service record (if applicable) and exam certificate (if applicable) to Stark County Health Dept.

I, _____hereby affirm I am the owner and resident of the below address. I understand I will be permitted to perform services on my system only and will not be permitted to work on any other systems. I am able to maintain my aerobic treatment unit (aerator) by completing the manufacturer recommended servicing of my unit twice per year, and more if necessary to maintain proper operation. I possess a service manual specific to my system, as well as the appropriate skill, knowledge and ability to maintain my system. I agree to provide the Stark County Health Department (SCHD) with a service record from the previous year. I take full responsibility for the maintenance I perform on my system. I will not hold the Stark County Health Department liable for any damage I may cause to my system. I agree to honestly and accurately evaluate the functionality of my system and make repairs as needed as to not create a public health nuisance as defined in ORC 3718.011. I understand falsification of records or failing to comply with the operation permit terms could result in enforcement action being taken against me, which may include relinquishing my right to do self-servicing and/or penalty fees. The SCHD may conduct a compliance inspection on my system. **A yearly registration fee is required to be submitted along with this registration. Any registration submitted without the required fee will be returned and considered invalid.** I agree to the above terms of homeowner self servicing registration. This agreement will be valid until to December 31, 2026.

2026

Signature _____ Print Name _____ Date _____

Property and Contact Information *(Must be completed even if you are waiving this registration)*

Property Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Mailing Address *(if different)*

Address: _____

City: _____ State: _____ Zip: _____

Aerator Information *(Septic records available at www.starkhealth.org.)*

Aerator: Make: _____ Model (if known): _____

System discharges to:

Stream ☐ Pond ☐ Ditch ☐ Catch Basin ☐ Storm Sewer ☐ Leach Field ☐ Other ☐ _____

Is Effluent Visible at Discharge Point: Yes ☐ No ☐

Pre-Tank or Trash Trap Pumping

Tank pumping is recommended every 2-4 years depending on water usage and the functionality of your system. If your tank was pumped this past year please fill out the following:

Pumper Company _____ Gallons Pumped _____ Date Pumped _____