

*Darke County General Health District*

*T. L. Holman, DVM, R.S., Health Commissioner*



*Contributing to a Stronger  
Healthier Community*

NOVEMBER 22, 2016

TO: PLUMBING CONTRACTORS, APPLIANCE INSTALLERS AND SEWER & WATER LINE INSTALLERS

FROM: TERRENCE L. HOLMAN, DVM, HEALTH COMMISSIONER

SUBJECT: REGISTRATION FOR 2017

All current registrations for plumbing will expire December 31, 2016.

We are enclosing the application for your **2017** registration. The registration fee is one hundred seventy-five dollars (\$175.00) annually for the calendar year or any part thereof, for each individual who is owner, part owner or member, and any part of whose duties are to perform plumbing. Journeymen registration is an additional \$20.00 each and Apprentices are an additional \$5.00 each.

You must be registered and bonded to do any plumbing work including backflow prevention testing in the Darke County General Health District.

**\*\*Please sign the application and return it to our office, with the fee. If you are currently registered with the State of Ohio to do commercial plumbing or back flow prevention testing, please include a copy of this documentation.**

NOTE: A \$20,000 BOND IS REQUIRED IN ORDER TO REGISTER IN DARKE COUNTY. ENCLOSED IS A COPY OF THE BOND FORM.

THIS IS A NON-REFUNDABLE, NON-TRANSFERABLE REGISTRATION.

PLEASE MAKE CHECKS PAYABLE TO: DARKE COUNTY HEALTH DEPARTMENT

Thank you for your cooperation.

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NOTE: Each year we compile a list of registered plumbers. This list is then given, upon request, to any interested person requiring this service. If you desire to have your name appear on this list, please be sure you register prior to January 1, 2017.

There are currently registration requirements for septic system Service Providers. If you are interested in Registering as a Service Provider, these applications are available at the Health Department also.

(over)

300 Garst Avenue, Greenville, OH 45331 • 937-548-4196 Fax 937-548-9654

E-Mail: [darkecohd@darkecountyhealth.org](mailto:darkecohd@darkecountyhealth.org) • Web Site: [www.darkecountyhealth.org](http://www.darkecountyhealth.org)

**FEE SCHEDULE:**

Enclosed is the proposed fee schedule for 2017. There will be a hearing held on December 6, 2016 at 9:00 AM to discuss the proposed fee changes. This hearing will occur at the regularly scheduled Board of Health Meeting located at the Health Department, 300 Garst Ave, Greenville, OH.

You are welcome to attend the hearing or you may submit your comments in writing to the Board of Health and they will be reviewed at the meeting.

As per the Ohio Revised Code, the fees charged cannot exceed the cost to implement the program.

**HOLIDAY SCHEDULE:**

Offices will be closed November 24<sup>th</sup> & 25<sup>th</sup> for the Thanksgiving Holiday.

Offices will be closed from 2 pm December 23<sup>rd</sup> through December 26<sup>th</sup> for the Christmas Holiday.

Offices will be closed from 2 pm December 30<sup>th</sup> through January 2<sup>nd</sup>, 2017 for the New Years Holiday.

**The Reduction of Lead in Drinking Water Act**

After January 4, 2014 the Reduction in Lead in Drinking Water Act took effect. This act prohibited the use and introduction into commerce pipe, pipe fittings, plumbing fittings and fixtures that did not meet this new standard. The standard reduced the amount of lead allowable within these potable water components.

The law does not apply to pipe, pipe fittings, plumbing fittings, or fixtures used for non-potable water use. Therefore, when installing components for potable water or drinking water, it is important to look for the proper certification stamp on these products to ensure that they meet the new standard. If you install non-compliant components, you will have to make the appropriate corrections to bring the plumbing into compliance.

For additional information, please see Joe Nugent at the Health Department.

**RULE INFORMATION:**

The sewage rules are available on the Ohio Department of Health's website. Go to [www.odh.ohio.gov](http://www.odh.ohio.gov).

You may also visit the Health Department on Facebook or Twitter for event updates.

If you have any questions, please feel free to call the Health Dept. at 937-548-4196 ext. 209.

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
DARKE COUNTY GENERAL HEALTH DISTRICT  
300 GARST AVE  
GREENVILLE, OH 45331  
1-937-548-4196**

Business Name  
or Plumbing Installer \_\_\_\_\_

Contractor's or  
Installer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expires: / / \_\_\_\_\_

Email: \_\_\_\_\_ License \_\_\_\_\_

REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR

APPLICATION FEE: \$175.00

Applicant, hereby, agrees to comply with all rules and regulations governing the installation of plumbing systems, as adopted by the Darke County General Health District, and further attests that he is qualified for registration requested.

Registrant agrees to maintain a \$20,000 BOND. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the Darke County General Health District.

Registrant understands that the Board of Health may revoke or suspend a registration when the registrant fails to timely correct violations in accordance with the rules.

Non-Refundable, Non-transferable

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_

YEAR 2017

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_

DATE \_\_\_\_\_



*Darke County General Health District*

*E. L. Holman, DVM, R.S., Health Commissioner*



*Contributing to a Stronger  
Healthier Community*

Bond Number \_\_\_\_\_

BOND FOR  
PLUMBING CONTRACTORS/APPLIANCE INSTALLERS AND PLUMBING EMPLOYEES

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Note: Contractors, business firms, and self-employed installers must post surety bonds!  
Employees of said contractors or firms do not have to be bonded.

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KNOW ALL MEN BY THESE PRESENCE:

That we,

Of \_\_\_\_\_, as principal and the \_\_\_\_\_  
\_\_\_\_\_, as surety are held and firmly

bound unto the Darke County Department of Health of Darke County, Ohio, for a term of twelve months ending December 31, 2\_\_\_\_, in the sum of twenty thousand (\$20,000.00) dollars, lawful money of the United States for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns firmly by these presence.

Now, the condition of this obligation is such that.

Whereas: the said principal has applied for and has been granted permits to make installations of plumbing systems in Darke County, Ohio.

Now if the said principal shall conform to and abide by the law of the State of Ohio and all the rules and regulations of the Darke County Health Department, Darke County, Ohio now in effect and which may hereafter be enacted or adopted, and if said principal shall indemnify and save the Darke County Health Department harmless and free from any loss, damages, or claims for damages asserted against it by reason of said principal's failure to comply with any of said rules and regulations, then this obligation shall be void, otherwise to be and remain in full force and effect.

In witness whereof, the said principal and surety have hereunto subscribed their names this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Principal  
\_\_\_\_\_  
Surety



**PLAN REVIEW APPLICATION**  
**To install a plumbing system**

**Darke County Health Department**  
**300 Garst Avenue Greenville, OH, 45331**  
**(937) 548-4196 Ext. 209**

**Type of system (circle):** Residential Commercial

**Type of construction (circle):** New Structure Remodel/ Addition

**System to service (circle):** Home Business Building Barn/ Outbuilding

**Type of sewage system plumbing discharges to (circle):** Sewer Home Septic EPA Septic

**Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**System Address:** \_\_\_\_\_  
 (Street/Road) (City) (Township)

**\*\*\*You must attach an isometric drawing of the plumbing for approval.**

**Please indicate below the number of fixtures for each item:**

FIXTURES	NO.	FIXTURES	NO.	FIXTURES	NO.
Water Closet		Washer		Garbage Disposal	
Lavatory		Water Heater		Drinking Fountain	
Bath Tub		Water Softener		Wash Fountain	
Shower Bath		Floor Drain		Sewage Ejectors	
Sink		Roof Drain		Manufactured Homes	
Laundry Tray		Sump Pump		Sewer Hook-Up	
Grease Trap/Interceptor		Urinal		Air Admittance Valve	
Dishwasher		Slop Sink		Water Line	
Pressure Tank		Backflow Preventer		Other	

**Total number of Fixtures:** \_\_\_\_\_ The Darke County Health Department has *30 days* to review plans.

Once reviewed, you will be notified if approved or disapproved. If approved, you will be notified of the amount due & when you may come in and purchase your permit. If disapproved, you will be contacted to set up an appointment with the plumbing inspector to review the plans and make any necessary corrections.

I certify this application is complete and any changes to the submitted plans must have prior approval of the Health Department. I agree to install the plumbing in accordance with the plumbing code of Darke County.

**Applicant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 (Name printed)

**Plumbing Company:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**County Registration #:** \_\_\_\_\_ **State# (if commercial):** \_\_\_\_\_

**Do not send any money at this time!**

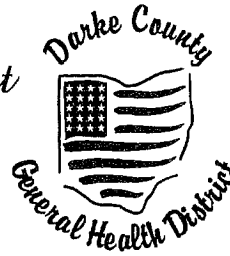
Note: *48-HOUR* notice is needed for an appointment. All appointment times given are approximate

Base permit fee: \$60.00; Fixture Fee is \$13.00 per fixture;

Residential Plan Review Fee is \$25.00; Commercial Plan Review Fee is 30% of total plumbing permit with a \$45.00 min.

# Darke County General Health District

C. L. Holman, DVM, R.S., Health Commissioner



*Contributing to a Stronger  
Healthier Community*

<b>PLUMBING</b>	<b>LOCAL</b>	<b>+</b>	<b>STATE</b>	<b>=</b>	<b>TOTAL FEE</b>
Plumbing Registration <i>(plumbing bond at least \$20,000)</i>	\$175.00	+	\$0.00	=	\$175.00
Journeyman	\$20.00	+	\$0.00	=	\$20.00
Apprentice	\$5.00	+	\$0.00	=	\$5.00
Sewer & Water Installer	\$175.00	+	\$0.00	=	\$175.00
Appliance Installer	\$175.00	+	\$0.00	=	\$175.00
Plumbing Permit      base fee +fixture fees	\$60.00	+	\$0.00	=	\$60.00
Each fixture	\$13.00	+	\$0.00	=	\$13.00
Backflow (permit + fixture)	\$73.00	+	\$0.00	=	\$73.00
Sewer (permit + fixture)	\$73.00	+	\$0.00	=	\$73.00
Water (permit + fixture)	\$73.00	+	\$0.00	=	\$73.00
Water Heater	\$25.00	+	\$0.00	=	\$25.00
Water Softener	\$25.00	+	\$0.00	=	\$25.00
Modular Home Plumbing permit	\$110.00	+	\$0.00	=	\$110.00
Plan Review Residential	\$25.00	+	\$0.00	=	\$25.00
Plan Review Commercial - 30% of permit, \$45.00 minimum					

*There is a mandatory penalty fee of \$75.00 or 25% of the permit fee whichever is greater for failure to obtain a plumbing permit prior to starting work.*

Each Village Sanitary Sewer Project Fee will be determined prior to beginning of project.

Plumbing permit extension fee (for permits issued after December 31, 2007)	\$50.00	+	\$0.00	=	\$50.00
2nd extension request for permits issued after December 31, 2010					\$75.00

**DARKE COUNTY**  
**Water Heater Only Plumbing Permit Application**

Please Mark: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I would like to apply for a water **heater** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: \_\_\_\_\_

Permit Fee: **\$25.00**      Make Check Payable to: ***Darke County Health Department***  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196 ext. 209

*If approved, the permit and receipt will be mailed to you.*

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**DARKE COUNTY**  
**Water Heater Only Plumbing Permit Application**

Please Mark: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I would like to apply for a water **heater** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: \_\_\_\_\_

Permit Fee: **\$25.00**      Make Check Payable to: ***Darke County Health Department***  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196 ext. 209

*If approved, the permit and receipt will be mailed to you.*



**DARKE COUNTY**  
**Water SOFTENER Only Plumbing Permit Application**

Please Mark: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I would like to apply for a water **softener** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: \_\_\_\_\_

Permit Fee: **\$25.00**      Make Check Payable to: ***Darke County Health Department***  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196 ext. 209

*If approved, the permit and receipt will be mailed to you.*

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**DARKE COUNTY**  
**Water SOFTENER Only Plumbing Permit Application**

Please Mark: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I would like to apply for a water **softener** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: \_\_\_\_\_

Permit Fee: **\$25.00**      Make Check Payable to: ***Darke County Health Department***  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196 ext. 209

*If approved, the permit and receipt will be mailed to you.*





**APPLICATION FOR REGISTRATION TO BE  
A SEWER & WATER LINE INSTALLER WITHIN THE  
DARKE COUNTY GENERAL HEALTH DISTRICT  
300 GARST AVENUE, GREENVILLE, OH 45331  
937-548-4196 EXT 209**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Bond Company: \_\_\_\_\_

E-mail: \_\_\_\_\_

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

APPLICATION FEE

\$175.00

This registration is for the installation of sewer and water lines. It does not give authorization for the installation of the other components of the plumbing and septic systems. The applicant understands that they still must secure the necessary permits prior to installation of sewer and water lines.

Applicant agrees to comply with all rules and regulations governing the installation of plumbing systems and sewer lines, as adopted by the Darke County General Health District, and further attests that he is qualified for the registration requested.

Registrant agrees to maintain and submit to the board of health such complete and accurate records and information that may be required for determining compliance with the rules.

Registrant agrees to maintain a \$20,000 BOND. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the Darke County General Health District.

Registrant understands that the board of health may revoke or suspend a registration when the registrant fails to timely correct violations in compliance with the rules.

APPLICANT: \_\_\_\_\_  
(Please print legibly)

APPLICANT: \_\_\_\_\_  
(Signature)

REGISTRATION APPROVED: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_ YEAR: \_\_\_\_\_

RECEIPT MAILED TO APPLICANT BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*Darke County General Health District*

*E. L. Holman, DVM, R.S., Health Commissioner*



*Contributing to a Stronger  
Healthier Community*

Bond Number \_\_\_\_\_

BOND FOR  
SEWER AND WATER LINE INSTALLERS AND EMPLOYEES

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Note: Contractors, business firms, and self-employed installers must post surety bonds!  
Employees of said contractors or firms do not have to be bonded.

-----  
KNOW ALL MEN BY THESE PRESENCE:

That we,

Of \_\_\_\_\_, as principal and the \_\_\_\_\_

\_\_\_\_\_, as surety are held and firmly bound unto the Darke County Department of Health of Darke County, Ohio, for a term of twelve months ending December 31, 2\_\_\_\_, in the sum of twenty thousand (\$20,000.00) dollars, lawful money of the United States for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns firmly by these presence.

Now, the condition of this obligation is such that.

Whereas: the said principal has applied for and has been granted permits to make installations of plumbing systems in Darke County, Ohio.

Now if the said principal shall conform to and abide by the law of the State of Ohio and all the rules and regulations of the Darke County Health Department, Darke County, Ohio now in effect and which may hereafter be enacted or adopted, and if said principal shall indemnify and save the Darke County Health Department harmless and free from any loss, damages, or claims for damages asserted against it by reason of said principal's failure to comply with any of said rules and regulations, then this obligation shall be void, otherwise to be and remain in full force and effect.

In witness whereof, the said principal and surety have hereunto subscribed their names this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Principal  
\_\_\_\_\_  
Surety