

Darke County General Health District

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



*Contributing to a Stronger
Healthier Community*

NOVEMBER 23, 2015

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

FROM: TERRENCE L. HOLMAN, DVM, HEALTH COMMISSIONER

SUBJECT: REGISTRATION FOR 2016

All current registrations for plumbing will expire December 31, 2015.

We are enclosing the application for your **2016** 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.

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, 2016.

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: DarkeCounty.HealthDepartment@adh.ohio.gov • Web Site: www.darkecountyhealth.org

FEE SCHEDULE:

Enclosed is the proposed fee schedule for 2016. There will be a hearing held on December 8, 2015 at 10:00 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 26th & 27th for the Thanksgiving Holiday.

Offices will be closed December 25th for the Christmas Holiday.

Offices will be closed January 1st, 2016 for the New Years Holiday.

RULE INFORMATION:

The sewage rules are available on the Ohio Department of Health's website. Go to 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 AVENUE
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 2016

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____

BUSINESS NAME:

PHONE:

Journeyman Names:

Street Address:

City, State, Zip:

Phone:

Apprentice Names:

Street Address:

City, State, Zip:

Phone:

Registration

Plumbing Contractor			
Total number of Journeyman:			
Total number of Apprentice:			

		Fee:	
1	x	\$175.00	=
	x	\$20.00	=
	x	\$5.00	=
		Total Fee:	=

		\$175.00	=
			=
			=
			=

Darke County General Health District

E. L. Halman, 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.

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

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

E-Mail: DarkeCounty.HealthDepartment@odh.ohio.gov • Web Site: www.darkecountyhealth.org

PLUMBING	LOCAL	+	STATE	=	TOTAL FEE
Plumbing Registration	\$175.00	+	\$0.00	=	\$175.00
<i>(plumbing bond at least \$20,000)</i>					
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	\$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 \$50.00 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	\$50.00	+	\$0.00	=	\$50.00
<i>(for permits issued after December 31, 2007)</i>					
2nd extension request for permits issued after December 31, 2010					\$75.00



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
Plumbing Permit Water Heater 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
Plumbing Permit Water Heater 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.

**APPLICATION FOR REGISTRATION TO BE
AN APPLIANCE 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 appliances in the plumbing system. It does not give authorization for the installation of the other components of the plumbing system. The applicant understands that they still must secure the necessary permits prior to installing appliances, and a plumbing permit is required for water heater installation and replacement.

Applicant agrees to comply with all rules and regulations governing the installation of plumbing systems and plumbing system appliances, 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: _____

**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 _____

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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