

Darke County General Health District

E. L. Holman, DVM, RS, Health Commissioner



*Contributing to a Stronger
Healthier Community*

TO: SCAVENGERS

FROM: TERRENCE L. HOLMAN, DVM, RS, HEALTH COMMISSIONER

DATE: NOVEMBER 22, 2016

SUBJECT: SCAVENGER REGISTRATION FOR 2017

On December 31, 2016, the registration that you hold to clean septic tanks, holding tanks, privies, and grease traps will expire. A new registration must be obtained before operation in 2017.

Currently, the registration fee is one hundred seventy-five (\$175.00) and fifteen dollars (\$15.00) for each additional truck for the calendar year or any part thereof. Make checks payable to the Darke County Health Department.

A STATEWIDE BOND IS REQUIRED IN ORDER TO REGISTER IN DARKE COUNTY.

You may submit your application by mail or in person. Incomplete applications will not be accepted. You must *sign* the application, include a copy of the bond that you submitted to the Ohio Department of Health, proof of completion of 6 continuing education hours during the previous calendar year, proof of no less than \$500,000 general liability insurance coverage, and include *the fee in one envelope*. We do not want these items submitted separately nor will they be accepted separately.

The applicant shall make arrangements for his equipment (trucks, hoses, etc.) to be inspected, if not inspected by another Health District. Permits for each hauling vehicle shall not be issued until the equipment inspection is complete or documentation showing a satisfactory inspection by another Health District is submitted. Please call for an appointment prior to coming to this office for an equipment inspection. If you do not have an appointment, you may not get an inspection.

Please list all methods of disposal, dumping sites, by name and location and equipment to be used in the business. Each disposal site within Darke County is required by OAC 3701-29-20(E) to have a septage land application site permit issued by the Darke County General Health District. The septage land application site permit fee is \$75.00 per site. Enclosed is the septage land application site evaluation application. This application must be completed and submitted along with the fee and any supporting documentation for each site to be evaluated.

Once all documentation is submitted, the Health Department will conduct a site visit to determine compliance. If the site visit is satisfactory then a permit shall be issued for the site. The septage land application site permit is valid for one year. Each disposal site must be approved (permitted) by the Darke County General Health District prior to any dumping at the site.

(over)

300 Garst Avenue, Greenville, OH 45331 • 937-548-4196 Fax 937-548-9654
E-Mail: darkecohd@darkecountyhealth.org • Web Site: www.darkecountyhealth.org

If you have a disposal site located outside of Darke County, include a letter of approval or copy of the permit from the regulatory authority for these sites.

***Also, enclosed is a form you will need to complete quarterly and submit to the health department for those homes you pump in Darke County as is required by Ohio Administrative Code Section 3701-29-03(J).**

Portable toilets must meet Health Department standards. The Health Department may require submission or review of pumping and land application records as required by 40 CFR Part 503.

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

Please note there are registration requirements for Service Providers. If you are interested in Registering as a Service Provider, these applications are available at the Health Department also.

Each year we compile a list of scavengers registered in Darke County. This list is then given, upon request, to any person requiring this service. If you desire to have your name appear on this list, please be sure you register prior to February 1, 2017.

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 costs to implement the program.

RULE INFORMATION:

The sewage rules are available on the Ohio Department of Health's website. Go to www.odh.ohio.gov, click on rules final, click on 3701-29 Household Sewage Treatment Systems to view the rules.

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 HAUL SEPTAGE WITHIN
DARKE COUNTY FOR THE YEAR 2017

DARKE COUNTY GENERAL HEALTH DISTRICT
300 GARST AVE
GREENVILLE, OH 45331
Phone: 1-937-548-4196 Fax: 1-937-548-9654

Business Name: _____ Date: _____
Operator Name: _____ Business ID #: _____ 0
Street Address: _____
City, State, Zip: _____ Phone: _____
Cell Phone: _____ Fax: _____ E-Mail: _____
Land Application Site: _____
Sewage Treatment Plant Location: _____
Bond Company: _____ Bond Expiration Date: _____

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

Registrant, hereby, applies for a permit to engage in the collection and removal for remuneration, the contents of privies, portable toilets, vaults, and/or sewage tanks in the Darke County General Health District. Registrant agrees to comply with the rules and regulations of the Darke County Board of Health and the State of Ohio in the disposal of the contents of privies, portable toilets, vaults, and /or sewage tanks into a sanitary sewage system, by proper burial or by other method approved by the Health Commissioner. Registrant agrees to submit records of pumping and septic waste disposal to the Health District and to transmit the contents of the privies, vaults, portable toilets, and/or sewage tanks to the place of disposal in liquid tight containers, or tanks, without spillage. Registrant agrees to maintain the required state bond and general liability coverage. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the sewage rules, OAC 3701-29. Registrant certifies they are in compliance with testing provisions and continuing education requirements of OAC 3701-29-03. 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 as in accordance with section 3718.08 of the Ohio Revised Code.

| Year | Make | Body | License | ID | Capacity | Vehicle Permit Fee |
|------|------|------|---------|----|----------|--------------------|
| | | | | | | |

Total Vehicle Permits:

Company Registration Fee: 175.00

Total Fee: 175.00

APPLICANT _____ DATE: _____
(SIGNATURE)

(Office Use Only)

YEAR 2017 ☐ Registration Approved: _____ ☐ Registration Denied: _____ ☐ Insurance
Test Date: / / Test Score: _____ ☐ CEUs Attached ☐ Bond Attached
DATE _____ RECEIPT # _____ Received by: _____



THE DARKE COUNTY BOARD OF HEALTH ESTABLISHES FEES FOR THE FOLLOWING SERVICES: AUTHORIZED BY SENATE BILL 136 AND HOUSE BILL 700 AND SECTION 3709.09 OF THE OHIO REVISED CODE

October 11, 2016

EFFECTIVE: JANUARY 1, 2017

State Fees & Lab fees are not set by the local health department and are in addition to license fees.

State Fees & Lab fees are subject to change by the State or Lab at any time.

HOME SEWAGE TREATMENT

| | LOCAL | + | STATE | = | TOTAL FEE |
|--|-------|---|-------|---|-----------|
|--|-------|---|-------|---|-----------|

Site Reviews:

| | | | | | |
|---|----------|---|--------|---|----------|
| Site review application for a new HSTS, SFOSTS, or GWRS | \$200.00 | + | \$0.00 | = | \$200.00 |
|---|----------|---|--------|---|----------|

| | | | | | |
|---|--------|---|--------|---|--------|
| Site review for existing or replacement HSTS, SFOSTS, or GWRS | \$0.00 | + | \$0.00 | = | \$0.00 |
|---|--------|---|--------|---|--------|

Installation Permits:

| | | | | | |
|--|----------|---|---------|---|----------|
| Permit for the new installation or replacement of an HSTS & GWRS | \$345.00 | + | \$74.00 | = | \$419.00 |
|--|----------|---|---------|---|----------|

| | | | | | |
|---|----------|---|---------|---|----------|
| Permit for the new installation or replacement of an SFOSTS | \$355.00 | + | \$74.00 | = | \$429.00 |
|---|----------|---|---------|---|----------|

| | | | | | |
|--|----------|---|---------|---|----------|
| Permit for the alteration of an existing HSTS & GWRS | \$300.00 | + | \$35.00 | = | \$335.00 |
|--|----------|---|---------|---|----------|

| | | | | | |
|---|----------|---|---------|---|----------|
| Permit for the alteration of an existing SFOSTS | \$310.00 | + | \$35.00 | = | \$345.00 |
|---|----------|---|---------|---|----------|

Operation Permits (O & M) :

| | | | | | |
|---|--------|---|--------|---|--------|
| Operation permit for 1st year no matter the system type | \$5.00 | + | \$0.00 | = | \$5.00 |
|---|--------|---|--------|---|--------|

Operation Permit Renewal:

| | | | | | |
|--|---------|---|--------|---|---------|
| Conventional (example: septic tank with leach bed) | \$75.00 | + | \$0.00 | = | \$75.00 |
|--|---------|---|--------|---|---------|

(5 year permit to be billed on inspecting year for next 5 year period)

| | |
|--|-----------------|
| Aeration, mound or other mechanical system | (2 year permit) |
|--|-----------------|

| | | | | | |
|-----------------------------|----------|---|--------|---|----------|
| ***without service contract | \$100.00 | + | \$0.00 | = | \$100.00 |
|-----------------------------|----------|---|--------|---|----------|

| | | | | | |
|---|---------|---|--------|---|---------|
| ***with service contract by approved service provider | \$10.00 | + | \$0.00 | = | \$10.00 |
|---|---------|---|--------|---|---------|

| | | | | | |
|--|--|--|--|--|--------|
| NPDES Aeration with service contract (1 year permit) | | | | | \$5.00 |
|--|--|--|--|--|--------|

| | | | | | |
|---------------------------|----------|---|--------|---|----------|
| Dry wells & Sand filters: | \$100.00 | + | \$0.00 | = | \$100.00 |
|---------------------------|----------|---|--------|---|----------|

(3 year permit to be billed on inspecting year for next 3 year period)

| | | | | | |
|-------------------------------|---------|---|--------|---|---------|
| Each additional re-inspection | \$60.00 | + | \$0.00 | = | \$60.00 |
|-------------------------------|---------|---|--------|---|---------|

(as authorized by ORC 3718.02 and OAC 3701-29-09)

The operation permit fee for experimental systems will be based upon the type of system and the number of inspections necessary to complete the operation permitting requirements.

For a leachbed, drywell, sandfilter, or aeration system without a service contract: If the septic system has been pumped in the last operation period prior to operation permit expiration (not to exceed 5 years), then the homeowner may receive a \$25 reduction in the operation permit fee provided they submit receipt of pumping.

For home sale and land split request: Whereas, the O&M monitoring is not complete (they've paid: the Health Dept. has not done monitoring yet) or O&M completed within the last year (Health Department inspection deemed in compliance; must provide satisfactory pumping receipt dated within last year) (We would not have to go back out, just complete letter): The fee will be reduced by the amount paid previously for the O & M permit.

Special Service Inspections:

| | | | | | |
|---|----------|---|--------|---|----------|
| Special Service Sewage Only Inspection (Home Sales/ room edition/ refinance) | \$150.00 | + | \$0.00 | = | \$150.00 |
|---|----------|---|--------|---|----------|

| | | | | | |
|----------------------------------|----------|---|--------|---|----------|
| Sewage Inspection for Land split | \$200.00 | + | \$0.00 | = | \$200.00 |
|----------------------------------|----------|---|--------|---|----------|

Registrations:

| | | | | | |
|---|----------|---|--------|---|----------|
| Installer Registration | \$175.00 | + | \$0.00 | = | \$175.00 |
| Service Provider Registration | \$175.00 | + | \$0.00 | = | \$175.00 |
| Septic Hauler Registration | \$175.00 | + | \$0.00 | = | \$175.00 |
| Plus permit fee for EACH additional truck | \$15.00 | + | \$0.00 | = | \$15.00 |
| Scavenger site evaluation | \$75.00 | + | \$0.00 | = | \$75.00 |
| Homeowner Installer Registration: | \$50.00 | + | \$0.00 | | \$50.00 |
| Homeowner Service Provider Registration: | \$50.00 | + | \$0.00 | | \$50.00 |

Miscellaneous

| | | | | | |
|---|----------|---|--------|---|----------|
| Abandonment of a STS or GWRS | \$0.00 | + | \$0.00 | = | \$0.00 |
| Application for a variance under OAC 3701-29-18 | \$0.00 | + | \$0.00 | = | \$0.00 |
| Site visit for variance request: | \$60.00 | + | \$0.00 | = | \$60.00 |
| Special device/ product review OR EXPERIMENTAL CONCURRENCE | \$500.00 | + | \$0.00 | = | \$500.00 |

For sample collection there is a \$50 collection fee plus lab fees

Local Health District

SEPTAGE PUMPING REPORT FORM

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septage hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

| | | |
|---|--|-----------|
| Pumping Date: | County: | Township: |
| Pumping Location Address (include city & zip) | | |
| Name of Person making Request: | <input type="checkbox"/> check if this person is the owner | Phone #: |

| | | | |
|---------------------------------|---|-------------------|----------------------------------|
| TANK PUMPING INFORMATION | <input type="radio"/> Residential <input type="radio"/> Commercial | # of Tanks: _____ | Total Gallons Pumped: _____ gal. |
| | Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same type should also be numbered in succession. <input type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable tank _____ <input type="checkbox"/> Other _____ Type: _____ If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing Check all that apply and place the number of the tank listed above next to the material type. <input type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____ Give the volume of each tank pumped: Tank 1 _____ gal Tank 2 _____ gal Tank 3 _____ gal Tank 4 _____ gal | | |

| | |
|---|--|
| TANK CONDITION OBSERVATIONS | |
| Tank Condition <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all | |
| Risers: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Riser located over: <input type="checkbox"/> Inlet <input type="checkbox"/> Center of Tank <input type="checkbox"/> Outlet | |
| Riser Lids: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Risers and Lids Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| Evidence of Leaking? <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive Which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all at the (check all that apply) <input type="checkbox"/> Tank <input type="checkbox"/> Riser <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Inconclusive | |
| High Water Level at time of pumping <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not determine If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all | |
| Evidence of previous tank high water level observed <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all | |
| Baffle(s) and Tee(s) <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not observed If absent which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all | |
| Baffle(s) or Tee(s) Condition (if observed): <input type="checkbox"/> Good <input type="checkbox"/> Poor If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all | |
| Effluent Filters <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> N/A, tank older than 2007 If present, were they cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other Solids Removed Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____ | |
| Was dewatering necessary? <input type="checkbox"/> Yes, _____ gal <input type="checkbox"/> No <input type="checkbox"/> N/A Solid Waste Facility taken to: _____ | |
| Did spillage occur during pumping process? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| List all Repairs, Additional Work and Comments: | |

| | |
|---|--------------------------------|
| Disposal Location: | |
| <input type="checkbox"/> Waste Water Treatment Facility | Name of Facility: _____ |
| <input type="checkbox"/> Land Application | Permit #: _____ Address: _____ |

| | |
|----------------------------------|------------------|
| Driver/Technician Name (printed) | Company Phone #: |
| Septage Hauling Company: | Registration #: |

| |
|--|
| YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: _____ Years _____ Months |
| REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM. |

*A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health District



Darke County General Health District
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196
www.darkecountyhealth.org

SEPTAGE LAND APPLICATION SITE PERMIT APPLICATION

Fee: \$75.00- Non Refundable

This application is only for domestic sewage and not other waste materials such as industrial/commercial septage or solid waste. An approved land application site permit issued by the Board of Health shall be valid for one year from date of issuance.

Applicant's Name: _____ Phone #: _____

Company Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Site Information

If the applicant is not the owner of the proposed site, the owner of the site must complete the attached affidavit.

Landowner's Name: _____ Phone #: _____

Site Address: _____

Directions: _____

Township of site: _____ Total Acreage of site: _____

Parcel Number: _____

Latitude of Site: _____ Longitude of site: _____

Township # _____ Range# _____ Section# _____

Acreage of application area: _____ (The area where septage may be applied according to the minimum horizontal isolation distances found in Ohio Administrative Code Section 3701-29-20(E)(2).

Describe the source of the septage (i.e. residences, portable toilets, etc.)

Describe the method of land application that will be used.



Prior to the evaluation of your site, the following must be done:

- A) Submit the site evaluation application and fee for site approval (*this form*)
- B) Submit affidavit(s) signed by the landowner and notarized, if applicable. (see Page 4)
- C) Submit a map or drawing that includes the following information:
- 1) Property boundaries for the site
 - 2) Adjacent property boundaries
 - 3) Adjacent land uses
 - 4) Drainage tiles (including private owned field tile), ditches, storm sewer systems, streams or other drainage conveyances.
 - 5) Location of well and other wells located within 50ft of lot
 - 6) Vegetation present, approximate slopes, and drainage features
 - 7) North orientation arrow
 - 8) Any structure located on the property (i.e. houses, barns etc)
 - 9) Waterways, streams, ponds, rivers, etc.
 - 10) Scale (i.e. 1 inch= 10 feet)
- D) Submit a 1/4 section map with property owners indicated (1"=200 ft.). The section map must include an aerial map with plat overlay and soil profile. (*Obtain from GIS Map Office located on 1st floor of courthouse*)
- E) Submit information from an order two soil survey indicating that the site has a slope no greater than eight percent, has at least three feet of soil above ground water, bedrock, rock and other fragments, and is free of conditions that could allow land application of septage to cause contamination of ground water or run off to surface waters.

Minimum Horizontal Isolation Distance Requirements (OAC section 3701-29-20 (E)(2))

- 200' from any dwelling, business, or location used for community gatherings or recreational purposes.
- 50' from any property line
- 100' from any private water system, non-potable water well or water supply well used by a transient, non-community public water system as defined in rule 3745-81-01 of the Ohio Administrative Code.
- 50' from any waters of the state excluding ground water but including grass waterways.
- 300' from a sinkhole or drainage well, or 100' if a permanent vegetative buffer is maintained round the sinkhole or drainage well.
- 1500' from a public drinking water surface water intake.



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Additional Requirements

- Septage shall be land applied in accordance with the following:
 - Septage shall not be permitted to pool or flow on the surface of the ground.
 - Septage must not be applied to soils unless the soil has dried adequately from previous application or rainfall so that saturated soil conditions or ponding does not occur.
 - Septage shall not be applied by spray irrigation or other methods that will cause aerosols to drift from application site.
 - Septage shall be applied in accordance with the vector attraction reduction requirements and the pathogen reduction requirements of 40 C.F.R. 503.
- The soil shall be tested every two years for phosphorus and shall not exceed the recommended levels for agronomic loading rates.
- Trash shall be screened and removed from the septage prior to land application and the trash shall be dewatered prior to disposal as solid waste.
- Records shall be maintained by the septage hauler for at least five years to demonstrate compliance with Ohio Administrative Code section 3701-29-20 and the requirements of 40 C.F.R. 503.

Applicant/ Site Operator:

I, _____, _____
(Name) (Title)

understand that Health Department approval of this site for land application of domestic sewage does not constitute an assurance or guarantee that the land would be in compliance with Chapter 503 of the Code of Federal Regulations or other applicable rules and regulations of other enforcing agencies or departments.

I agree to submit records of land application of domestic sewage as requested by the Health Department to determine compliance with applicable Health District rules and regulations regarding septic land application.

I understand that I am responsible for operating the site described in the legal description in accordance with the Sewage Treatment Systems Rules Section 3701-29-20. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, revocation of this registration, and disapproval of the proposed site for land application of domestic sewage.

Signature

Date

Date Paid: _____ Drivers Lic #: _____ Receipt: _____



Darke County General Health District
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196
www.darkecountyhealth.org

Property Owner Letter of Septic Waste Acceptance

I, _____, hereby allow
Printed Name of Property Owner

Company Name

a Registered Scavenger with the Darke County General Health District, to dispose of septage
waste on my property located at: _____
Street Address/ Description (Parcel ID, Lot #, etc)

_____ in _____ township.
City Township Name

The approval is granted for the _____ year. (Cannot exceed one year agreement).
Year (i.e. 2016)

Signature of Property Owner

Date

State of Ohio

SS

Darke County

Executed before me, a Notary Public in and for said County and State, on this

_____ day of _____, _____.
Month Year

Notary Public

My commission expires _____

INSTRUCTIONS TO BONDING COMPANY FOR EXECUTION OF THE 2017 SEWAGE TREATMENT SYSTEM INSTALLER, SERVICE PROVIDER, AND SEPTAGE HAULER REGISTRATION BOND

General Information

- All sewage treatment system installers, service providers and septage haulers must use the State of Ohio Registration Bond Form as per the requirements for contractor bonding in OAC rule 3701-29-03(C)(6), except as permissible in rule 3701-29-03(G) and (H) in the Ohio Administrative Code (OAC).
 - The 2017 Sewage Treatment System Registration Bonds for installers (single or multiple STS installations), service providers, and septage haulers are available in PDF format on the Ohio Department of Health website at <http://tinyurl.com/stsbondforms> or by contacting the Ohio Department of Health Residential Sewage Program at BEH@odh.ohio.gov. You must have Acrobat Reader to use the forms. The bond forms must be completed by a Surety Company or Insurance Agent.
- The Ohio Department of Health is the obligee for all surety bonds listed below in the Forms section.
- Surety bonds shall not be a continuation of the previous year's surety bond. **Continuation certificates will not be accepted;**
- All bond forms must be complete and accurate.
- **THE REGISTRATION BOND MUST BE FOR THE AMOUNT required in OAC rule 3701-29-03(C)(6)(e). (see Table 1 below)**

OAC rule 3701-29-03(C)(6)(e) Table 1. Contractor bonding requirements.

| Number of systems (annually) | Installer | | Service Provider | | Septage Hauler | |
|------------------------------|----------------------|----------|------------------|-----------|----------------|----------|
| | HSTS | SFOSTS | HSTS | SFOSTS | HSTS | SFOSTS |
| One system | Equal to system cost | \$25,000 | N/A | \$25,000* | \$25,000 | \$25,000 |
| More than one system | \$40,000 | | \$25,000* | | \$25,000 | |

* STS service provider bond requirement reduced to \$15,000 for service providers with dual registration as STS installer and STS service provider.

- **Submit ORIGINALS ONLY, with signatures, to the Ohio Department of Health. PHOTOCOPIES, FAXES, SCANS, OR EMAILS WILL NOT BE ACCEPTED.**

Forms

Beginning with the 2016 registration year, there are two Installer surety bonds:

HEA Form 5439 – for multiple system installations and alterations (rev. 9/16);
HEA Form 5448 – for only one system installation or alteration (rev 9/16).

Please note: new surety bond paperwork (with original signatures, seal, and power-of-attorney) will be required when a single installation bond is to be replaced for multiple installations. The replacement bond form for multiple installations (\$40,000) must be submitted to Ohio Department of Health before beginning work on a second installation.

In addition to the Installer bond forms, the following bond forms are designated for Service Providers and Septage Haulers:

HEA Form 5438 – Service Provider Bond Form (rev 9/16);
HEA Form 5440 – Septage Hauler Bond Form (rev 9/16).

Separate bonds must be obtained for work done as an Installer, Service Provider, and Septage Hauler.

Completing the Form

The bond form(s) must be completed by a Surety Company or Insurance Agent. If you have questions about the bond forms, contact the Ohio Department of Health Residential Sewage Program.

1. Make sure you are using the correct bond form. See the list of bond forms on page 1 of this document.
2. **SAVE** the correct form(s) to your computer or **PRINT** the form to fill out by hand.
3. Provide the following information on page 1 of the bond;
 - a. Bond number must be placed in the box provided in the upper left corner of the form.
Continuation certificates will not be accepted;
 - b. Fill in the name and address of the person or company obtaining the registration bond.
Note: The name on the bond shall be identical to the name provided for registration with the board of health. This will be the way it appears on the list posted for local health districts on the Ohio Department of Health website at <http://tinyurl.com/lhdstsinfo> for verification of bond compliance.
 - c. Fill in the name of the surety company on the third line.
 - d. Check the box indicating the bond amount being provided on the appropriate bond form. Refer to the table above, in General Information, for appropriate bond amount.
 - e. Fill in the Bond Effective Date. Bonds should not have an effective date prior to the end of day on December 31 of the previous year's surety bond. That is, the 2017 surety bond effective date can be no earlier than January 1, 2017.
4. Provide the proper information and signatures on the page 2 of the bond;
 - a. Name of the person or company obtaining the bond. The name must match the one provided on page one of the bond form;
 - b. Check the box indicating the bond amount being provided;
 - c. Name of the surety company, surety company address and surety company telephone number;
5. The surety bond must be signed by the Owner or Representative of the Company or Corporation being bonded and signed by the Attorney-in-Fact or Insurance Agent that issued the bond. **The bond will not be accepted without both of the original signatures;**
6. Apply or impress the seal of the Surety Company in the space provided. **The bond will not be accepted without the original corporate seal;**
7. Prior to mailing to the Ohio Department of Health, copies should be made of the completed surety bond for the STS contractor's records. The STS Contractor is responsible for providing copies of the surety bond to the local health districts at the time of registration.
8. Mail the complete bond packet, including all of the following items:
 1. Completed **2017 Registration Bond** with original signatures and corporate seal;
 2. **Power-of-Attorney** (POA) for the 2017 Registration Bond;
 3. **Proof of General Liability Insurance** (no less than \$500,000 coverage); and
 4. **2017 Sewage Contractor Contact Information Form.**

Mail Bond Packets to:

Ohio Department of Health
BEHRP/ Residential Sewage Program
246 N. High St.
Columbus, Ohio 43215-0278

Questions, Problems or Need Help???

Contact the Residential Sewage Program
at (614) 644-7551
Or email us at BEH@odh.ohio.gov

Bond Number

Registration Number
(for Health District use only)

State of Ohio
2017 Registration Bond
Sewage Treatment Systems Septage Hauler

Know all men by these presents, that

Company or Corporation Name

Check one: Whether owned by

☐

individual

☐

partnership

☐

corporation

Of Address

As Principal, and
Surety Company

Is/are authorized to do business in the State of Ohio, as Surety, are bound to an aggrieved party in the sum of
twenty-five thousand (\$25,000)

to the payment of which is to be made as provided below, the Principal and Surety hereby bind to themselves,
their heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

Bond Effective Date:

Whereas, the above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system septage hauler in the State of Ohio as provided in sections 3718.02 (A)(8) of the Ohio Revised Code (ORC) and rule 3701-29-03 of the Ohio Administrative Code (OAC), such registration **expiring on the 31st day of December, 2017.**

NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above Principal shall observe strictly and comply faithfully with all laws and rules relating to the collection, transportation, disposal and land application of domestic septage from sewage treatment systems, and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal, then this obligation shall be null and void otherwise to remain in full force and effect until **December 31, 2017.**

Please note signature required on the reverse side of this form

►► Please see reverse side to complete the form ►►

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC Rule 3701-29-03 (C)(6)(d). The Principal shall then notify all local health districts in Ohio where the Principal holds a current and valid registration of the cancellation of the bond, and shall immediately submit proof of a new registration bond. Any such cancellation shall release the Surety from liability for any subsequent acts of the Principal; provided, however, the Surety shall remain liable for any and all acts of Principal covered by this bond up to the date of cancellation.
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this Bond, regardless of the number of claims that may be filed hereunder. The sum of

twenty-five thousand (\$25,000.00)

for this bond shall be available for payment of violations for the 2017 registration year.

3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03(C).

Company Name:

Signature of Company Owner/Representative (required)

Surety Company Name

Surety Company Address

City

State

Zip

Surety Company Telephone

Attorney-in-Fact or Insurance Agent Signature (required)

(Place Bonding Corporation Seal above)

Instructions for preparation:

1. Impress Seal of Surety Company
2. Attach Power-of-Attorney form for the Attorney-in-fact
3. Make sure the Company Representative signs in the appropriate box



Ohio Department of Health Sewage Treatment Systems Program

2017 Contractor Contact Information
for Installers, Septage Haulers and Service Providers

Please complete the following information and submit with the Bond Form.

Company Name

Company Street Address

City

State

Zip Code

Company Mailing Address (if different from Above)

City

State

Zip Code

Company Owner

Company Representative (if different from Owner)

Company Phone Number

Additional Contact Phone Number

Company Fax Number

Company E-mail

Please check all registration categories that apply to your company's business for 2017:

☐ Installer ☐ Service Provider ☐ Septage Hauler

Please list the county where the company is located

Are you registering to work in this county in 2017?

☐ Yes ☐ No

If Bonded for only a Single System in 2017, list the County where work will be performed: _____

Please list (below) all of the County or City Health Districts that you registered with in 2016:
