

Darke County General Health District

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



*Contributing to a Stronger
Healthier Community*

TO: SEWAGE TREATMENT SYSTEM INSTALLERS

FROM: TERRENCE L. HOLMAN, DVM, HEALTH COMMISSIONER
DARKE COUNTY GENERAL HEALTH DISTRICT
300 GARST AVENUE, GREENVILLE, OHIO 45331

DATE: NOVEMBER 27, 2017

SUBJECT: REGISTRATION FOR 2018

All current registrations for septic installers expire December 31, 2017.

Enclosed is the application for your **2018** registration. Currently, 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 excavating for or installations of sewage treatment systems, devices or equipment.

Please sign the application and return it to our office, with the appropriate fee, a copy of your bond that you submitted to the Ohio Department of Health, proof of completion of 6 continuing education hours during the previous calendar year, and proof of no less than \$500,000 general liability insurance coverage. If you have never registered before, then we need a copy of the certificate showing that you passed the test.

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

NOTE: THE STATEWIDE BOND FORM WAS UPDATED 9/2017. PLEASE MAKE SURE YOUR INSURANCE COMPANY USES THE REVISED BOND FORM THAT IS ENCLOSED.

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

PLEASE MAKE CHECKS PAYABLE TO THE DARKE COUNTY HEALTH DEPARTMENT.

NOTE: Each year we compile a list of registered installers. 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 February 1, 2018.

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

Thank you for your cooperation.

(over)

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

FEE SCHEDULE:

Enclosed is the proposed fee schedule for 2018. There will be a hearing held on December 5, 2017 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 INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
DARKE COUNTY GENERAL HEALTH DISTRICT
300 GARST AVE
GREENVILLE, OH 45331
Phone: 1-937-548-4196 Fax: 1-937-548-9654**

Business Name: _____ Date: _____
 Name of Operator _____ ID #: _____
 Street Address: _____ Fee: 175.00
 City, State, Zip: _____
 Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
 E-Mail: _____
 Bond Company: _____ Bond Expiration Date: _____

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

Applicant, hereby, agrees to comply with all rules and regulations governing the installation of sewage treatment systems, as adopted by the Darke County General Health District and the State of Ohio, and further attests that he is qualified for 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 the required state bond and liability insurance. 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.

Registrant certifies they are in compliance with testing provisions and continuing education requirements of Section 3701-29-03 of the Ohio Administrative Code.

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 Revised Code.

APPLICANT _____ DATE _____
 (SIGNATURE)

(Office Use Only)

YEAR 2018 Registration Approved: _____ Registration Denied: _____ Insurance
 Test Date: / / Score: _____ CEUs Attached Bond Attached
 DATE _____ RECEIPT # _____ Received by: _____

Bond Number

State of Ohio
2018 Registration Bond
Sewage Treatment Systems Installer
(for Multiple Sewage Treatment Systems)

Registration Number
(for Health District use only)

Owned by:

(Check One)

individual LEGAL COMPANY NAME: _____

partnership MAILING ADDRESS: _____

corporation MAILING ADDRESS 2: _____

CITY, STATE, ZIP: _____

As Principal, and Surety Company _____
is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

forty thousand dollars (\$40,000)

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.

Bond Effective Date: _____

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 installer in the State of Ohio as provided in section 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03. The registration **expires on the 31st day of December, 2018.**

If the above Principal shall comply with all laws and rules relating to the construction, alteration, repair, or abandonment of 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. This obligation shall remain in full force and effect until **December 31, 2018 and will be null and void after that date.**

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 the bond shall be available for payment of violations for the 2018 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).

Legal Company Name

Signature of Company Owner or Representative
(required)

Surety Company Name: _____

Address: _____

City, State, Zip _____

Surety Company Phone: _____

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

Instructions for preparation:

1. Impress/affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

(Place Bonding Corporation Seal Above)

***INSTRUCTIONS* TO BONDING COMPANY FOR EXECUTION OF THE
2018 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 2018 Sewage Treatment System Registration Bonds for installers, service providers, and septage haulers are available in a PDF format on the ODH website at <http://www.odh.ohio.gov/odhprograms/eh/sewage/Contractor/contract1.aspx> or by contacting the Ohio Department of Health Residential Sewage Program at BEH@odh.ohio.gov. Adobe Acrobat Reader may be used to open, complete, save and print the form.
- All information on the bond form must be complete and correct.
- **SUBMIT ORIGINALS ONLY with signatures. PHOTOCOPIES or FAXES WILL NOT BE ACCEPTED.**
- Please follow the steps below, and submit all documents as listed below in item #11.
 - **THE REGISTRATION BOND MUST BE FOR THE AMOUNT as 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.

Forms

The Ohio Department of Health made changes with the Surety Bonds for 2018. The bonds are now single page bonds. There are still two Installer surety bonds: (1) for multiple system installations and alterations, and (2) for single system/small flow installations or alterations. Be aware that if going from a single system installer bond to a multiple system installer bond, new surety bond paperwork (with original signatures, seal, and power of attorney) shall be submitted to the Ohio Department of Health showing the change in status of the bond coverage.

The Surety Bond Forms Package are available on the ODH Sewage Program website:

<http://www.odh.ohio.gov/odhprograms/eh/sewage/Contractor/Surety%20Bond%20Requirements.aspx>

1. HEA Form 5438 – 2018 Service Provider Bond Form Package
2. HEA Form 5439 – 2018 Installer Bond Form for Multiple Systems Package
3. HEA Form 5440 – 2018 Septage Hauler Bond Form Package
4. HEA Form 5448 – 2018 Installer Bond Form for Single System Package

The Bond Form package includes instructions, the bond form and the contractor contact information form.

Completing the Form

The bond form may be used in two ways. You may print the blank form and fill in the lines by hand with a blue or black pen, or, if available, you may fill in the form using your computer and then print the information typed into the form by clicking on the print button.

1. Fill in the bond number on the line provided in the upper left-hand corner of the bond form.
2. Fill in the legal company name and address of the company applying for the registration bond on the first, second and third lines exactly as it appears on the Local Health District registration application form as a sewage treatment system installer, service provider, or septage hauler.
3. List the name of the surety company on the line provided.
4. Check the box indicating the bond amount being provided on the appropriate bond form. Refer to the table above in the General Information.
5. Fill in the Bond Effective Date. This is the date the bond becomes effective for the 2018 calendar year and it must be December 31, 2017 or later.
6. Provide the proper information and signatures at the bottom of the bond:
 - a) Check the box indicating the bond amount being provided, as indicated in #4.
 - b) Name of the company applying for the bond
 - c) Signature of the person representing the company
 - d) Name of the surety company
 - e) Address and telephone number of the surety company
 - f) Signature of the Attorney-in-Fact
7. Upon completion of the fill-in form, the completed form may be saved for your files by using the Adobe Acrobat Reader drop down "File" menu "Save As" option. It is recommended that you rename the file when saving. Continue by clicking the Printer button on the bottom of the second page of the form. This will Print and Clear the form. Therefore, if you want to save the information on the form, save the form prior to printing.
8. After completing the printed form by hand or printing the completed form from the computer, sign and date the form as required in the required Signature boxes found at the bottom of the bond by hand using a blue or black pen.
9. Apply or impress the seal of the Surety Company in the space provided.
10. Attach the Power-of-Attorney form for the Attorney-in-Fact. The bond number must match the surety bond number.
11. Mail the complete bond packet by enclosing the three items below:
 1. completed **2018 Registration Bond** with original signatures and corporate seal;
 2. **Power of Attorney** (POA) for the 2018 Registration Bond;
 3. **2018 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