

**APPLICATION FOR A SERVICE PROVIDER REGISTRATION  
 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's Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fee: 175.00  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date: / /

Types of Components Serviced: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

Applicant, hereby, agrees to comply with all rules and regulations governing 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.

Applicant 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.

Applicant agrees to maintain the 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.

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

Applicant 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)

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 (Office Use Only)

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

**\*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.

[ ]

Bond Number

State of Ohio  
2018 Registration Bond

[ ]

Registration Number  
(for Health District use only)

Owned by:

Sewage Treatment Systems Service Provider

(Check One)

LEGAL COMPANY NAME: \_\_\_\_\_

individual

MAILING ADDRESS: \_\_\_\_\_

partnership

MAILING ADDRESS 2: \_\_\_\_\_

corporation

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

twenty-five thousand (\$25,000)       fifteen thousand (\$15,000) – also bonded as installer

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successor, 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 service provider in the State of Ohio as provided in sections 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration expires on the 31<sup>st</sup> day of December, 2018.

If the above Principal shall comply with all laws and rules relating to the servicing or maintenance 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.

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(Place Bonding Corporation Seal Above)



# Ohio Department of Health Sewage Treatment Systems Program

2018 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 2018:

- Installer    Service Provider    Septage Hauler

Please list the county where the company is located

Are you registering to work in this county in 2018?

- Yes    No

If Bonded for only a Single System in 2018, list the County where work will be performed: \_\_\_\_\_

Please list (below) all of the County or City Health Districts that you registered with in 2018:

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