

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN
DARKE COUNTY FOR THE YEAR 2018**

**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 #: _____
 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 2018 Registration Approved: _____ Registration Denied: _____ Insurance
 Test Date: / / Test 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.

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

Bond Number

State of Ohio

2018 Registration Bond

Registration Number
(for Health District use only)

Owned by:

Sewage Treatment Systems Septage Hauler

(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 dollars (\$25,000)

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

If the above Principal shall comply 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. 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)



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:

_____	_____
_____	_____
_____	_____
_____	_____



SEPTAGE LAND APPLICATION SITE PERMIT APPLICATION

2018 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.



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: _____



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. 2018)

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 _____

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 checked="" type="radio"/> Residential <input type="radio"/> Commercial	# of Tanks: _____	Total Gallons Pumped: _____ gal.
<p>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.</p> <p><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 _____</p> <p><input type="checkbox"/> Other _____ Type: _____</p> <p>If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing</p> <p>Check all that apply and place the number of the tank listed above next to the material type.</p> <p><input type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____</p> <p>Give the volume of each tank pumped:</p> <p>Tank 1 _____ gal Tank 2 _____ gal Tank 3 _____ gal Tank 4 _____ gal</p>			

TANK CONDITION OBSERVATIONS	
<p>Tank Condition <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine</p> <p>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</p> <p>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</p> <p>Evidence of Leaking? <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>Other Solids Removed Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____</p> <p>Was dewatering necessary? <input type="checkbox"/> Yes, _____ gal <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>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</p>	<p>If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all</p> <p>Riser located over: <input type="checkbox"/> Inlet <input type="checkbox"/> Center of Tank <input type="checkbox"/> Outlet</p> <p>Risers and Lids Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor</p>

List all Repairs, Additional Work and Comments:

Disposal Location:

Waste Water Treatment Facility Name of Facility: _____

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