

Darke County General Health District

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



*Contributing to a Stronger
Healthier Community*

NOVEMBER 30, 2021

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

FROM: TERRENCE L. HOLMAN, DVM, HEALTH COMMISSIONER

SUBJECT: REGISTRATION FOR 2022

All current registrations for plumbing will expire December 31, 2021.

We are enclosing the application for your **2022** 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. **Journeyman** registration is an additional **\$40.00** each and **Apprentices** are an additional **\$15.00** 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

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 February 1, 2022.

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. The sewage rules are available at www.odh.ohio.gov.

(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 2022.

As per the Ohio Revised Code, the fees charged cannot exceed the cost to implement the program.

For additional information, please contact the plumbing inspector at the Health Department extension **207**.

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.

Notes from the plumbing inspector, Rick Borgman:

The **plumbing permit** includes/allows for **3 inspections - underground, 2nd rough, and final**. **Additional inspections-you will be charged \$60 each unless previously discussed during the plan review.**

Inspection times given to you are approximate times, + or - 30 minutes.

Vacuum testing is required on all waste & vent systems.

Electronic drawings are needed for **all commercial projects.**

Backflow test results must be turned in to us before backflow inspections can be scheduled. The test results must be in hand at the final inspection for commercial jobs.

Thank you for your cooperation.

PLUMBING REGISTRATION CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:

_____ Completed, signed, dated application.

_____ Fee of \$175, plus journeyman and apprentices (see application for Journeyman & Apprentices).

_____ \$20,000 Plumbing contractor bond. You must provide the **original bond** to us. (a bond form is enclosed for your insurance agent to use and attach a power of attorney page to.) We will only accept a continuation certificate for the bond if we already have the original bond on file. If this is your first registration with us, or if you changed insurance companies, then you must provide the original bond.

_____ Make sure **you sign your bond!!** (On the line that says Principal)

_____ If you are a state licensed plumber, enclose a copy of your Ohio state plumbing license.

Failure to provide all of the above items, may result in your application being rejected and returned.

**APPLICATION FOR REGISTRATION TO BE
AN APPLIANCE INSTALLER WITHIN THE
DARKE COUNTY GENERAL HEALTH DISTRICT
300 GARST AVE
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: _____

REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR APPLICATION FEE: \$175.00
NON-TRANSFERABLE, NON-REFUNDABLE

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 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 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 _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR 2022

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____

Darke County General Health District

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



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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

DARKE COUNTY
2022 Water Heater Only Plumbing Permit 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: **\$30.00** 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
2022 Water Heater Only Plumbing Permit 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: **\$30.00** 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
2022 Water SOFTENER Only Plumbing Permit 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 **softener** 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: **\$30.00** 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
2022 Water SOFTENER Only Plumbing Permit 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 **softener** 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: **\$30.00** Make Check Payable to: ***Darke County Health Department***
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If approved, the permit and receipt will be mailed to you.

PLUMBING	LOCAL	+	STATE	=	TOTAL FEE
Plumbing Registration (plumbing bond at least \$20,000)	\$175.00	+	\$0.00	=	\$175.00
Journeyman	\$40.00	+	\$0.00	=	\$40.00
Apprentice	\$15.00	+	\$0.00	=	\$15.00
Sewer & Water Installer	\$175.00	+	\$0.00	=	\$175.00
Appliance Installer	\$175.00	+	\$0.00	=	\$175.00
Plumbing Permit base fee +fixture fees	\$70.00	+	\$0.00	=	\$70.00
Each fixture	\$15.00	+	\$0.00	=	\$15.00
Backflow (permit + fixture)	\$85.00	+	\$0.00	=	\$85.00
Sewer (permit + fixture)	\$85.00	+	\$0.00	=	\$85.00
Water (permit + fixture)	\$85.00	+	\$0.00	=	\$85.00
Water Heater	\$30.00	+	\$0.00	=	\$30.00
Water Softener	\$30.00	+	\$0.00	=	\$30.00
Sump Pump	\$30.00	+	\$0.00	=	\$30.00
Other Additional Component Inspection	\$30.00	+	\$0.00	=	\$30.00
Gas Inspections	\$30.00	+	\$0.00	=	\$30.00
Gutter and Downspouts	\$30.00	+	\$0.00	=	\$30.00
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 \$75.00 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 (for permits issued after December 31, 2007)	\$60.00	+	\$0.00	=	\$60.00
2nd extension request for permits issued after December 31, 2010					\$100.00