



# Darke County General Health District

Jordan Francis, MPH, Health Commissioner

Contributing to a Stronger, Healthier Community

November 10, 2022

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

FROM: JORDAN FRANCIS, DVM, HEALTH COMMISSIONER

SUBJECT: REGISTRATION FOR 2023

All current registrations for plumbing will expire December 31, 2022.

We are enclosing the application for your **2023** 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 Darke County.

**\*\*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 and it appears on our website. If you desire to have your name appear on this list, please be sure you register prior to February 1, 2023.

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 by searching, Ohio Administrative Code 3701-29.

(over)



We are still contracting with Miami county for plumbing services. Thank you to everyone for your cooperation in this during transition. If you need to get a hold of a plumbing inspector, please contact Barry or Jeff at [bcmillen@miamicountyhealth.net](mailto:bcmillen@miamicountyhealth.net) and [jnorris@miamicountyhealth.org](mailto:jnorris@miamicountyhealth.org).

**Notes from the plumbing inspector:**

The plumbing permit includes/allows for 3 inspections - underground, 2<sup>nd</sup> 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.

**Note: We removed the fixture fee for the pressure tank from our permit application for 2023. Use the new application enclosed for 2023.**

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
DARKE COUNTY GENERAL HEALTH DISTRICT**

**300 Garst Avenue  
GREENEVILLE, 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: \_\_\_\_\_ License \_\_\_\_\_

REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR

APPLICATION FEE: \$175.00

Applicant, hereby, agrees to comply with all rules and regulations governing the installation of plumbing systems, as adopted by the Darke County General Health District, and further attests that he is qualified for 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 accordance with the rules.

Non-Refundable, Non-transferable

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_ YEAR 2023

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_ DATE \_\_\_\_\_



**2023 PLUMBING PLAN REVIEW APPLICATION**  
**Darke County Health Department**  
**300 Garst Avenue Greenville, OH, 45331**  
**(937) 548-4196 Ext. 209    tonya.coning@darkecountyhealth.org**

Type of system (circle):    Residential    or    Commercial- EMAIL PDF OF THE PLANS for file  
 \*Commercial must meet with inspector before application is processed

Type of construction (circle):    New Structure    Remodel/ Addition

System to service (circle):    Home    Business    Building    Barn/ Outbuilding

Type of sewage system plumbing discharges to (circle):    Sewer    Home Septic    EPA Septic  
 No final plumbing inspection will be done until the required sewage system is installed and approved.

**Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Owner Address: \_\_\_\_\_

**System Address:** \_\_\_\_\_ (Street/Road) \_\_\_\_\_ (City) \_\_\_\_\_ (Township)

**\*\*\*You must attach an isometric drawing of the plumbing for approval.**

Please indicate below the number of fixtures for each item: B= Basement, Floors 1,2, & 3

FIXTURES	B	1	2	3	FIXTURES	B	1	2	3	FIXTURES	B	1	2	3
Water Closet					Washer					Garbage Disposal				
Lavatory					Water Heater					Drinking Fountain				
Bath Tub					Water Softener					Water Line				
Shower Bath					Floor Drain					Sewage Ejectors				
Sink (inc. mop, wash)					Roof Drain					Sewer Hook-Up				
Laundry Tray					Sump Pump					Air Admittance Valve				
Grease Trap/Interceptor					Urinal					Other				
Dishwasher					Backflow Preventer					SANITARY SEWER HOOKUP unless otherwise specified \$100				
WATER HEATER ONLY \$30					WATER SOFTENER ONLY \$30									

Total number of Fixtures:

\_\_\_\_\_ Total Due:

The Darke County Health Department has *30 days* to review plans. Plans must be approved and permits secured before starting any work. Once application is reviewed, you will be notified if approved or disapproved.

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided by the Ohio Plumbing Codes and Darke County General Health District regulations. I certify this application is complete and any changes to the submitted plans must have prior approval. Signature below acknowledges payment for the plumbing permit and that it is non-transferable and non-refundable and valid for one year from date of issue.

**Applicant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 (Name printed)

**Plumbing Company:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**County Registration #:** \_\_\_\_\_ **State# (if commercial):** \_\_\_\_\_

**Backflow Testing Certification # (if needed):** \_\_\_\_\_

**Do not send any money at this time!**

Note: **48-HOUR** notice is needed for an appointment. All appointment times given are approximate. Total includes: **Base permit fee: \$70.00**; Fixture Fee is **\$15.00 per fixture**; and Residential **Plan Review Fee** is \$25.00 or Commercial Plan Review Fee is 30% of total plumbing permit with a \$45.00 min. Reinspection and first extension fee is \$60.00

**DARKE COUNTY**  
**2023 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.*

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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.*

**PLUMBING REGISTRATION CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:**

- \_\_\_\_\_ Completed, signed, dated application.
- \_\_\_\_\_ Fee of **\$175** (includes the applicant) **plus \$40** for each journeyman and **\$15** for each apprentice.
- \_\_\_\_\_ List of Journeyman and Apprentices that you have, use the enclosed form.
- \_\_\_\_\_ \$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.**