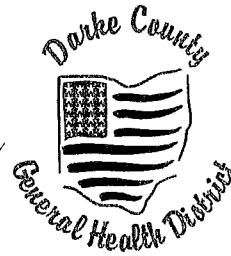


# Darke County General Health District

C. L. Holman, DVM, RETS, Health Commissioner



Contributing to a Stronger  
Healthier Community

TO: SERVICE PROVIDERS

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

DATE: November 21, 2022

SUBJECT: REGISTRATION FOR 2023

We are enclosing the application for your **2023** 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 service, motor, evaluate, or sample, but does not install or alter a sewage treatment system or gray water recycling system. A STATEWIDE BOND IS REQUIRED IN ORDER TO REGISTER IN DARKE COUNTY.

You may submit your application by mail or in person. Incomplete applications will not be accepted. You must *sign* the application, include the copy of the bond that you submitted to the State of Ohio, a copy of proof of completion of 6 continuing education hours during the previous calendar year, and a Certificate of Liability Insurance made out to Darke County Health Dept., 300 Garst Ave, Greenville, OH 45331, of no less than \$500,000 general liability insurance coverage and include the *fee in one envelope*. We do not want these items submitted separately nor will they be accepted separately. If you have never registered before, then we need a copy of the certificate showing that you passed the test to be a service provider. Please make checks payable to: DARKE COUNTY HEALTH DEPARTMENT (THIS IS A NON-REFUNDABLE, NON-TRANSFERABLE REGISTRATION.)

NOTE: Each year we compile a list of registered service providers. This list is then given, upon request, to any interested person requiring this service and is available on our website. If you desire to have your name appear on this list, please be sure you register prior to February 1, 2023.

**RULE INFORMATION:** The sewage rules are available by searching the Ohio Administrative Code 3701-29. You may also visit the Health Department on Facebook or Twitter for event updates. We can access a re-inspection fee of \$60 to homeowners when we have to visit their property multiple times. Please be sure all required updates are made to the system before we re-inspect it.

300 Garst Avenue, Greenville, OH 45331

Telephone: 937-548-4196

Environmental Fax: 937-548-9654

Nursing Fax: 937-548-9128

Website: [www.darkecountyhealth.org](http://www.darkecountyhealth.org)  
Email: [darkecohd@darkecountyhealth.org](mailto:darkecohd@darkecountyhealth.org)



**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: 12/28/2022  
 Operator's Name: \_\_\_\_\_ ID #: 0  
 Street Address: \_\_\_\_\_ Fee: 175.00  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date: / /

Types of Systems/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)

(Office Use Only)

YEAR 2023  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance  
 Test Date: / / Score: \_\_\_\_\_  CEUs Attached  Bond Attached  
 DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_

**INSTRUCTIONS TO BONDING COMPANY FOR EXECUTION OF THE  
2023 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 Ohio Administrative Code (OAC) rule 3701-29-03(C)(6), except as permissible in rule OAC 3701-29-03(G) and (H).
- The 2023 Sewage Treatment System Registration Bonds for installers, service providers, and septage haulers are available in a PDF format on the ODH website at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS> or by contacting the Ohio Department of Health Residential Sewage Program at [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov)
- All information on the bond form must be complete and correct.
- Please follow the instructions below, and submit all documents listed in item #10.
  - **THE REGISTRATION BOND MUST BE FOR THE AMOUNT 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**

There are 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:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS>

1. HEA Form 5438 – 2023 Service Provider Bond Form Package
2. HEA Form 5439 – 2023 Installer Bond Form for Multiple Systems Package
3. HEA Form 5440 – 2023 Septage Hauler Bond Form Package
4. HEA Form 5448 – 2023 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 completed 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 Adobe Acrobat Reader to open, complete, save and print 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 2023 calendar year and it must be December 31, 2022 or later.
6. Fill in the information and signatures at the bottom of the bond:
  - a) Print the Legal Company name of the company applying for the bond. This item **must** match the Legal Company Name as it appears at the top of the bond
  - b) Printed name and original signature of the company owner or representative
  - c) Name and contact information of the surety company, including address and telephone number
  - d) Original signature of the Attorney-in-Fact
7. 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.
8. Apply or impress the seal of the Surety Company in the space provided.
9. Attach the Power-of-Attorney form for the Attorney-in-Fact. The bond number on the Power-of-Attorney must match the surety bond number.
10. Mail the complete bond packet to the address below. **SUBMIT ORIGINALS ONLY. PHOTOCOPIES, FAXES, OR EMAILS WILL NOT BE ACCEPTED.** Submissions must include:
  1. **2023 Registration Bond**, complete with original signatures and corporate seal;
  2. **Power of Attorney (POA)** for the 2023 Registration Bond;
  3. **Sewage Contractor Contact Information Form.**

**Mail Bond Package to:  
Ohio Department of Health  
BEHRP/ Residential Sewage Program  
246 N. High St.  
Columbus, Ohio 43215-0278**

**Please allow up to thirty (30) days upon receipt of the surety bond(s) by the ODH Residential Sewage Program for bond(s) to be processed.** The status of a bond submission can be checked by visiting the "Contractor Bond Lists" tab on the ODH Residential Sewage Program webpage at:  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-LHDS/>

If you have questions or need assistance, contact the Residential Sewage Program at (614) 644-7551 or by email at [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov).

Bond Number

Registration Number

State of Ohio
2023 Registration Bond for
Sewage Treatment Systems Service Provider

Health District use only
Power of attorney attached

- Owned By (Check one)
Individual
Partnership
Corporation

LEGAL COMPANY NAME:
MAILING ADDRESS:
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

- twenty-five thousand (\$25,000)
fifteen thousand (\$15,000)
Multiple STS bond number

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 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 31st day of December 2023.

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, 2023 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).
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.
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 (required - print name)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Surety Company Name:
Address:
City, State, Zip:
Surety Company Phone:

Attorney-in Fact or Insurance Agent Name (required - print name)

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 System Program

## Contractor Contact Information for Installer, Septage Hauler and Service Provider

Please complete the following information and submit with the Bond Form.

Company Name

Company Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Mailing Address (if different from Above)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

- Installer    Service Provider    Septage Hauler

Registration Year:

Please list the county where the company is located

**SERVICE PROVIDER CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:**

\_\_\_\_\_ Completed, signed, dated application.

\_\_\_\_\_ Fee of \$175.00

\_\_\_\_\_ **Copy** of your septic installer bond with Power of Attorney page attached. (The original bond must be sent to the Ohio Dept. Of Health along with the contact information form) Make sure you **sign your bond** where indicated on the bond.

\_\_\_\_\_ Certificate of Liability Insurance made out to Darke Co. Health Dept., 300 Garst Ave, Greenville, OH 45331 (must be at least \$500,000 liability coverage.)

\_\_\_\_\_ Proof of passing the septic exam, if your first time to register in Darke Co.

\_\_\_\_\_ Proof of 6 hours of continuing education credits taken in 2022.

If any of the above items is missing, your application will be rejected and returned to you.