



Darke County General Health District

Jordan Francis, MPH, Health Commissioner

Contributing to a Stronger, Healthier Community

November 10, 2023

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

FROM: JORDAN FRANCIS, DVM, HEALTH COMMISSIONER

SUBJECT: REGISTRATION FOR 2024

All current registrations for plumbing will expire December 31, 2023.

We are enclosing the application for your **2024** 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, 2024.

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)

300 Garst Avenue, Greenville, OH 45331

Telephone: 937-548-4196

Environmental Fax: 937-548-9654

Nursing Fax: 937-548-9128

Website: www.darkecountyhealth.org

Email: darkecohd@darkecountyhealth.org



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 and jnorris@miamicountyhealth.org.

Notes from the plumbing inspector:

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.

Note: We removed the fixture fee for the pressure tank from our permit application for 2024. Use the new application enclosed for 2024.



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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



**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
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: _____ 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 2024

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____

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.