

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
DARKE COUNTY GENERAL HEALTH DISTRICT
300 GARST AVE
GREENVILLE, OH 45331
Phone: 1-937-548-4196 Fax: 1-937-548-9654**

Business Name: HOMEOWNER Date _____

Name of Operator _____ ID #: _____

Street Address: _____ Fee: 50.00

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____

E-Mail: _____

Bond Company: _____ Bond Expiration Date: _____

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

Applicant, hereby, agrees to comply with all rules and regulations governing the installation of 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.

Registrant 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.

Registrant agrees to maintain the required 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.

Registrant certifies they are in compliance with testing provisions and continuing education requirements of Section 3701-29-03 of the Ohio Administrative Code.

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 Revised Code.

APPLICANT _____ DATE: _____
(SIGNATURE)

(Office Use Only)

YEAR 2025 Registration Approved: _____ Registration Denied: _____ Insurance

Test Date: / / _____ Score: _____ CEUs Attached Bond Attached

DATE _____ RECEIPT # _____ Received by: _____

**HOMEOWNER PERSONAL RESIDENCE SEWAGE TREATMENT INSTALLATION
REGISTRATION CHECK LIST:**

_____ Completed, signed, dated application.

_____ Registration Fee of \$50.00

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

_____ Proof of any other certificates that may be needed for system being installed (if necessary).

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

*3701-29-03 (H) When the registered installer performs the duties of an installer on only the registrant's personal residence, the board of health may waive paragraphs (C)(1)- fee, (C)(4)- liability insurance, and (C)(6)- surety bond of this rule. The Darke County Health Department agrees to waive the insurance and bond fee but will still require the registration fee.