

**APPLICATION FOR REGISTRATION TO BE
A SEWER AND WATER LINE 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: 0

Bond Company: _____ Bond Expires: / /

Email: _____

REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR	APPLICATION FEE: \$175.00
<p>This application is for the installation of sewer and water lines. It does not give authorization for the installation of the other components of the plumbing and septic systems. The applicant understands they still must secure the necessary permits prior to the installation of sewer and water lines.</p> <p>Applicant agrees to comply with all rules and regulations governing the installation of plumbing systems and sewer lines, as adopted by the Darke County General Health District, and further attests that he is qualified for the registration requested.</p> <p>Applicant agrees to maintain a \$20,000 Bond. If the surety bond is canceled, the applicant must immediately submit proof of new registration bond in accordance with the requirements of the Darke County General Health District. Applicant understands that the Board of Health may revoke or suspend a registration when the applicant fails to timely correct violations in compliance with the rules.</p> <p style="text-align: right;">Non-Refundable, Non-Transferable</p>	

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER 0

YEAR 2025

RECEIPT MAILED TO APPLICANT: BY: _____

DATE _____