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: _____

Operator's Name: _____ ID #: _____

Street Address: _____ Fee: 200.00

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 2026 ☐ Registration Approved:____ ☐ Registration Denied:____ ☐ Insurance

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

DATE _____ RECEIPT # _____ Received by: _____

SEPTIC SERVICE PROVIDER CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:

_____ Completed, signed, dated application.

_____ Fee of $200.00, plus $12 for each **additiona**l truck (if you have more than one truck)

_____ **Copy** of your septic service provider 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 2025.

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

Bond information MUST be on the ODH website before we can process your registration

You may email or mail your bond to:
SewageBonds@odh.ohio.gov
Ohio Department of Health
BEHRP/Residential Sewage Program
246 N. High St
Columbus, OH 43215-0278

Department of Health

INSTRUCTIONS TO BONDING COMPANY FOR EXECUTION OF THE 2026 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 2026 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 Sewage@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 requirem ent 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 – 2026 Service Provider Bond Form Package
2. HEA Form 5439 – 2026 Installer Bond Form for Multiple Systems Package
3. HEA Form 5440 – 2026 Septage Hauler Bond Form Package
4. HEA Form 5448 – 2026 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 2026 calendar year, and it must be December 31, 2025, 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/electronic signature of the company owner or representative
    c) Name and contact information of the surety company, including address and telephone number
    d) Original/electronic 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. Signatures are either by hand using a blue or black pen or electronic.
8. Apply the seal (Paper or Electronic) of the Surety Company in the space provided on the bond form.
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. **NEW!** Preferably submit the completed bond electronically through the Accela Citizen Access portal: https://aca-prod.accela.com/EHOHIO/Default.aspx
    a) Create an account.
    b) Follow the instructions to upload **2026 Registration Bond** and **Power of Attorney**.

Alternatively, you may also mail or email the complete bond packet to the Ohio Department of Health (BEHRP/Residential Sewage Program, 246 N. High St., Columbus, OH 43215-0278 or SewageBonds@odh.ohio.gov). MAIL ORIGINALS ONLY. Submissions must include:

1. **2026 Registration Bond,** complete with original/electronic signatures and corporate seal (Electronic or paper seal)
2. **Power of Attorney** (POA) for the 2026 Registration Bond.
3. **Sewage Contractor Contact Information Form**.

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 Sewage@odh.ohio.gov.

Bond Number		Registration Number

State of Ohio
2026 Registration Bond for
Sewage Treatment Systems Septage Hauler

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)

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 septage hauler 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 2026.**

If the above Principal shall comply with all laws and rules relating to the collection, transportation, disposal and land application of domestic septage from 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, 2026 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). The Principal shall then notify all local health districts in Ohio where the Principal holds a current and valid registration of the cancellation of the bond and shall immediately submit proof of a new registration bond. Any such cancellation shall release the Surety from liability for any subsequent acts of the Principal; provided, however, the Surety shall remain liable for any and all acts of Principal covered by this bond up to the date of cancellation.
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. The sum of this bond shall be available for payment of violations for the 2026 registration year.
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 Listed on the Power of Attorney (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)

(Rev 11/2025)

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

Company Mailing Address (if different from Above)

City | State | Zip Code

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