

Darke County General Health District

E. L. Holman, DVM, R.S., Health Commissioner



*Contributing to a Stronger
Healthier Community*

TO: SEWAGE TREATMENT SYSTEM INSTALLERS

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

DATE: NOVEMBER 22, 2010

SUBJECT: REGISTRATION FOR 2011

All current registrations for sewage treatment system installers expire December 31, 2010.

We are enclosing the application for your 2011 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 excavating for or installations of sewage treatment devices or equipment.

Please sign the application and return it to our office, with the appropriate fee.

NOTE: A \$25,000 BOND IS REQUIRED IN ORDER TO REGISTER IN DARKE COUNTY.

THIS IS A NON-REFUNDABLE, NON-TRANSFERABLE REGISTRATION.

PLEASE MAKE CHECKS PAYABLE TO THE DARKE COUNTY HEALTH DEPARTMENT.

NOTE: Each year we compile a list of registered installers. This list is then given, upon request, to any interested person requiring this service. If you desire to have your name appear on this list, please be sure you register prior to February 1, 2011.

There are currently registration requirements for Service Providers. If you are interested in registering as a Service Provider, these applications are available at the Health Department also.

Thank you for your cooperation.

INFORMATION ABOUT CURRENT RULES:

A copy of the rules is available at www.darkecountyhealth.org.

300 Garst Avenue, Greenville, OH 45331 • 937-548-4196 Fax 937-548-9654

E-Mail-darkcohd@odh.ohio.gov • Web Site-www.darkecountyhealth.org

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

Business Name: _____ Date: _____
Name of Operator _____ ID #: _____
Street Address: _____ Fee: 175.00
City, State, Zip: _____
Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
E-Mail: _____

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 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 a \$25,000 BOND. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the sewage rules.

Registrant certifies they are in compliance with testing provisions of Section 3701-29-04 (D) (2) of the Ohio Administrative Code and competency requirements listed in rule.

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 2011 Registration Approved: _____ Registration Denied: _____

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

DATE _____ RECEIPT # _____ Received by: _____

Darke County General Health District

E. L. Holman, DVM, MS, Health Commissioner



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BOND FOR SEPTIC SYSTEM INSTALLERS AND EMPLOYEES

Bond # _____

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-five thousand (\$25,000.00) 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 septic 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

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