

Darke County General Health District

T. L. Holman, DVM, RS, Health Commissioner



*Contributing to a Stronger
Healthier Community*

TO: SCAVENGERS
FROM: TERRENCE L. HOLMAN, DVM, RS, HEALTH COMMISSIONER
DATE: NOVEMBER 23, 2010
SUBJECT: SCAVENGER REGISTRATION FOR 2011

On December 31, 2010, the registration that you hold to clean septic tanks, holding tanks, privies, and grease traps will expire. A new registration must be obtained before operation in 2011.

Please list all methods of disposal, dumping sites, by name and location and equipment to be used in the business. For disposal sites in Darke County, include a **notarized** letter of waste acceptance from the property owner or complete the enclosed form. If you have a disposal site not in Darke County, include a letter of approval or a copy of the permit from the regulatory authority for these sites. The applicant shall bring his equipment (trucks, hoses, etc.) with him at the time of applying for a permit so that it may be properly inspected.

Each disposal site must be listed separately, name and address, and must be approved (inspected) by the Darke County Health Department prior to any dumping at the site. Approval for any new site is \$75.00 for the location evaluation.

Also, enclosed is a form you will need to complete quarterly and submit to the health department for those homes you pump in Darke County.

Portable toilets must meet Health Department standards. The Health Department may require submission or review of pumping and land application records as required by 40 CFR Part 503.

Please call for an appointment prior to coming to this office for an equipment inspection.

NOTE: A \$5,000 BOND IS REQUIRED IN ORDER TO REGISTER IN DARKE COUNTY.

The registration fee is one hundred seventy-five dollars (\$175.00) and fifteen dollars (\$15.00) for each additional truck for the calendar year or any part thereof. Make checks payable to the Darke County Health Department.

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

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

Please note there are registration requirements for Service Providers. If you are interested in Registering as a Service Provider, these applications are available at the Health Department also.

Each year we compile a list of scavengers registered in Darke County. This list is then given, upon request, to any 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.

(OVER)

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN
DARKE COUNTY FOR THE YEAR 2011**

**DARKE COUNTY GENERAL HEALTH DISTRICT
300 GARST AVENUE
GREENVILLE, OH 45331
Phone: 1-937-548-4196 Fax: 1-937-548-9654**

Business Name: _____ Date: _____
 Operator Name: _____ Business ID #: 0
 Street Address: _____
 City, State, Zip: _____ Phone: _____
 Cell Phone: _____ Fax: _____ E-Mail: _____
 Land Application Site: _____
 Sewage Treatment Plant Location: _____

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

Registrant, hereby, applies for a permit to engage in the collection and removal for remuneration, the contents of privies, portable toilets, vaults, and/or sewage tanks in the Darke County General Health District. Registrant agrees to comply with the rules and regulations of the Darke County Board of Health in the disposal of the contents of privies, portable toilets, vaults, and /or sewage tanks into a sanitary sewage system, by proper burial or by other method approved by the Health Commissioner. Registrant agrees to submit records of pumping and septic waste disposal to the Health District and to transmit the contents of the privies, vaults, portable toilets, and/or sewage tanks to the place of disposal in liquid tight containers, or tanks, without spillage. Registrant agrees to maintain a \$5,000 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, OAC 3701-29. Registrant certifies they are in compliance with testing provisions of OAC 3701-29-04 (D) (2) 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 Ohio Revised Code.

| Year | Make | Body | License | ID | Capacity | Vehicle Permit Fee |
|------|------|------|---------|----|----------|--------------------|
| | | | | | | |

Total Vehicle Permits: _____
 Company Registration Fee: _____
 Total Fee: _____

APPLICANT _____ DATE: _____
 _____ (SIGNATURE) _____

 (Office Use Only)

YEAR 2011 Registration Approved: _____ Registration Denied: _____
 Test Date: / / Test Score: _____ CEUs Attached Bond Attached
 DATE _____ RECEIPT # _____ Received by: _____

Darke County General Health District

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



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BOND FOR SEPTIC SYSTEM WASTE HAULERS 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 five thousand (\$5,000.00) 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 a registration to engage in and practice the business of a sewage treatment system waste hauler 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

**Property Owner
Letter of Septic Waste Acceptance**

I, _____,
Print Name of Property Owner

Hereby, allow _____,
Company Name

A Registered Scavenger with the Darke County General Health District,

To dispose of septic waste on my property located at:

Street/ Description of Property: Lot #, etc.

_____ in _____ Township.
City Name of Township

This approval is given for _____.
2009 or Other Time frame

Signature of Property Owner

Date

State of Ohio
SS
Darke County

Executed before me, a Notary Public in and for said County and State, on
this _____ day of _____,
Month Year

WITNESS my official signature and seal on the day last above mentioned.

Notary Public

My commission expires _____

