MARION
PUBLIC HEALTH

Making Marion a healthier place to live, work, and play

IMPORTANT NOTICE!

DATE: November 10, 2016
TO: HSTS Sewage Installers
FROM: Marion Public Health
RE: **2017 Registration Application**

Enclosed is your application for the 2017 registration year. Fill out completely and return with proof of passing the Test (if we do not already have), proof of compliance with system specific trainings, proof of 6 CEU's (continuing education) for the 2016 Calendar Year, **copy** of the original surety bond and general liability that was sent to the Ohio Department of Health(ODH), along with the $250 registration fee.

We will need all of the above in our office, or postmarked, no later than **January 1, 2017**. If you begin working before registering with Marion Public Health, there will be a **late fee of 25%**.

BEFORE Marion Public Health will issue your registration for the 2017 registration year, we will need to have all documentation, and the completed application with the $250 registration fee.

The household sewage treatment system rules (Ohio Administrative Code 3701-29) and training opportunities can be accessed on the ODH website at:
http://www.odh.ohio.gov/odhprograms/eh/sewage/Law%20and%20Rule%20Page/sewrules.aspx
and
http://www.odh.ohio.gov/odhprograms/eh/sewage/Contractor/Continuing%20Education%20Unit%20Requirements.aspx

If you have any questions on the Registered Program Rules, the registration process, or the Sewage rules please contact me at 740-692-9112.

Sincerely,

Sandra Bridenstine

Sandra Bridenstine, RS
Environmental Sanitarian
Marion Public Health

Encl. Registration and Bond Form Instructions

181 S. Main St. Marion, Ohio 43302
P: (740) 387-6520 F: (740) 383-2546 W: marionpublichealth.org

APPLICATION FOR REGISTRATION TO INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS

MARION PUBLIC HEALTH
181 S. MAIN ST
MARION, OH 43302
Phone: 1-740-387-6520 Fax: 1-740-383-2246

Business Name: _____ Date: _____

Name of Operator _____ ID #: _____

Street Address: _____ Fee: _____

City, State, Zip: , _____

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

E-Mail: _____

Bond Company: _____ Bond Expiration Date: _____

I/we hereby apply for a registration to install HOUSEHOLD SEWAGE TREATMENT SYSTEMS in Marion County during the period from January 1, 2017 thru December 31, 2017. The fee for the annual registation is $250.00.

I/We hereby agree to comply with the rules and regulations of both, the Board of Health of Marion Public Health, and the Ohio Department of Health, in effect during the period of time for which this permit is issued.

Note: FORM MUST BE TOTALLY COMPLETED BEFORE REGISTRATION AND PERMIT(S) WILL BE ISSUED.

The Annual Fee for a Installer's Registration shall be $250.00

Registration Shall Remain Valid until January 1 of each Year only if the work performed is satisfactory to Marion Public Health Board of Health.

APPLICANT _____ DATE. _____
(SIGNATURE)

(Office Use Only)

YEAR 2017 ☐ Registration Approved: ____ ☐ Registration Denied: ____ ☐ Insurance

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

DATE _____ RECEIPT # _____ Received by: _____

INSTRUCTIONS TO BONDING COMPANY FOR EXECUTION OF THE 2017 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 OAC rule 3701-29-03(C)(6), except as permissible in rule 3701-29-03(G) and (H) in the Ohio Administrative Code (OAC).
  - The 2017 Sewage Treatment System Registration Bonds for installers (single or multiple STS installations), service providers, and septage haulers are available in PDF format on the Ohio Department of Health website at http://tinyurl.com/stsbondforms or by contacting the Ohio Department of Health Residential Sewage Program at BEH@odh.ohio.gov. You must have Acrobat Reader to use the forms. The bond forms must be completed by a Surety Company or Insurance Agent.
- The Ohio Department of Health is the obligee for all surety bonds listed below in the Forms section.
- Surety bonds shall not be a continuation of the previous year's surety bond. **Continuation certificates will not be accepted;**
- All bond forms must be complete and accurate.
- **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 requirement reduced to $15,000 for service providers with dual registration as STS installer and STS service provider.						

- **Submit ORIGINALS ONLY, with signatures, to the Ohio Department of Health. PHOTOCOPIES, FAXES, SCANS, OR EMAILS WILL NOT BE ACCEPTED.**

Forms

Beginning with the 2016 registration year, there are two Installer surety bonds:

HEA Form 5439 – for multiple system installations and alterations (rev. 9/16);
HEA Form 5448 – for only one system installation or alteration (rev 9/16).

Please note: new surety bond paperwork (with original signatures, seal, and power-of-attorney) will be required when a single installation bond is to be replaced for multiple installations. The replacement bond form for multiple installations ($40,000) must be submitted to Ohio Department of Health before beginning work on a second installation.

In addition to the Installer bond forms, the following bond forms are designated for Service Providers and Septage Haulers:

HEA Form 5438 – Service Provider Bond Form (rev 9/16);
HEA Form 5440 – Septage Hauler Bond Form (rev 9/16).

Separate bonds must be obtained for work done as an Installer, Service Provider, and Septage Hauler.

Completing the Form

The bond form(s) must be completed by a Surety Company or Insurance Agent. If you have questions about the bond forms, contact the Ohio Department of Health Residential Sewage Program.

1. Make sure you are using the correct bond form. See the list of bond forms on page 1 of this document.
2. **SAVE** the correct form(s) to your computer or **PRINT** the form to fill out by hand.
3. Provide the following information on page 1 of the bond;
    a. Bond number must be placed in the box provided in the upper left corner of the form. **Continuation certificates will not be accepted;**
    b. Fill in the name and address of the person or company obtaining the registration bond.
        Note: The name on the bond shall be identical to the name provided for registration with the board of health. This will be the way it appears on the list posted for local health districts on the Ohio Department of Health website at http://tinyurl.com/lhdstsinfo for verification of bond compliance.
    c. Fill in the name of the surety company on the third line.
    d. Check the box indicating the bond amount being provided on the appropriate bond form. Refer to the table above, in General Information, for appropriate bond amount.
    e. Fill in the Bond Effective Date. Bonds should not have an effective date prior to the end of day on December 31 of the previous year's surety bond. That is, the 2017 surety bond effective date can be no earlier than January 1, 2017.
4. Provide the proper information and signatures on the page 2 of the bond;
    a. Name of the person or company obtaining the bond. The name must match the one provided on page one of the bond form;
    b. Check the box indicating the bond amount being provided;
    c. Name of the surety company, surety company address and surety company telephone number;
5. The surety bond must be signed by the Owner or Representative of the Company or Corporation being bonded and signed by the Attorney-in-Fact or Insurance Agent that issued the bond. **The bond will not be accepted without both of the original signatures**;
6. Apply or impress the seal of the Surety Company in the space provided. **The bond will not be accepted without the original corporate seal**;
7. Prior to mailing to the Ohio Department of Health, copies should be made of the completed surety bond for the STS contractor's records. The STS Contractor is responsible for providing copies of the surety bond to the local health districts at the time of registration.
8. Mail the complete bond packet, including all of the following items:
    1. Completed **2017 Registration Bond** with original signatures and corporate seal;
    2. **Power-of-Attorney** (POA) for the 2017 Registration Bond;
    3. **Proof of General Liability Insurance** (no less than $500,000 coverage); and
    4. **2017 Sewage Contractor Contact Information Form**.

Mail Bond Packets to:

Ohio Department of Health
BEHRP/ Residential Sewage Program
246 N. High St.
Columbus, Ohio 43215-0278

Questions, Problems or Need Help???

Contact the Residential Sewage Program
at (614) 644-7551
Or email us at BEH@odh.ohio.gov

Bond Number

Registration Number
(for Health District use only)

State of Ohio
2017 Registration Bond
Sewage Treatment Systems Installer
(for Multiple Sewage Treatment Systems)

Know all men by these presents, that

Company or Corporation Name

Check one: Whether owned by ☐ individual ☐ partnership ☐ corporation

Of Address

As Principal, and
Surety Company

Is/are authorized to do business in the State of Ohio, as Surety, are bound to an aggrieved party in the sum of

forty thousand ($40,000)

to 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, by these presents.

Bond Effective Date:

Whereas, 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 installer in the State of Ohio as provided in sections 3718.02 (A)(8) of the Ohio Revised Code (ORC) and rule 3701-29-03 of the Ohio Administrative Code (OAC), such registration **expiring on the 31st day of December, 2017**.

NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above Principal shall observe strictly and comply faithfully with all laws and rules relating to the construction, alteration, repair or abandonment of 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, then this obligation shall be null and void otherwise to remain in full force and effect until **December 31, 2017**.

Please note signature required on the reverse side of this form

►►Please see reverse side to complete the form►►

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

   forty thousand dollars ($40,000.00)

   for this bond shall be available for payment of violations for the 2017 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).

Company Name:

Signature of Company Owner/Representative (required)

Surety Company Name

Surety Company Address

City

State

Zip

Surety Company Telephone

Attorney-in-Fact or Insurance Agent Signature (required)

(Place Bonding Corporation Seal above)

Instructions for preparation:

1. Impress Seal of Surety Company
2. Attach Power-of-Attorney form for the Attorney-in-fact
3. Make sure the Company Representative signs in the appropriate box

Ohio Department of Health
Sewage Treatment Systems Program

2017 Contractor Contact Information for Installers, Septage Haulers and Service Providers

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 for 2017:

☐ Installer ☐ Service Provider ☐ Septage Hauler

Please list the county where the company is located

Are you registering to work in this county in 2017?
☐Yes ☐ No

If Bonded for only a Single System in 2017, list the County where work will be performed: _____

Please list (below) all of the County or City Health Districts that you registered with in 2016:

_____ _____

_____ _____

_____ _____

_____ _____