

**IMPORTANT NOTICE!**

DATE: November 13, 2018  
TO: HSTS Service Providers  
FROM: Marion Public Health  
RE: **2019 Registration Application**

Enclosed is your application for the New registration year. Please return with the following:

- Application completed and signed
- proof of passing the State Sewage Test
- proof of compliance with system specific trainings
- proof of 6 CEU's (continuing education) for the previous Calendar Year
- **copy** of the original surety bond that was sent to the Ohio Department of Health (ODH)
- proof of general liability insurance
- Payment of **\$200** (make checks payable to Marion Public Health)
- Any remaining service records

**BEFORE** Marion Public Health will issue your registration, **your bond must be approved through the State Health Department** and we will need to have all of the above submitted and the application approved. We will need this in our office, or postmarked, no later than **January 1<sup>st</sup>** of the registering year. If you begin working before registering with Marion Public Health, there will be a **late fee of 25%**.

The Bond Form and Instructions for Insurance companies can be found at the Ohio Department of Health website under Sewage Programs <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/eh/STS/BondFormsandcontractorinfo/2018SP-bfp09132017.pdf?la=en> 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, RS  
Environmental Sanitarian  
Marion Public Health  
Encl. Registration and Bond Form Instructions

**\*INSTRUCTIONS\* TO BONDING COMPANY FOR EXECUTION OF THE  
2019 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 2019 Sewage Treatment System Registration Bonds for installers, service providers, and septage haulers are available in a PDF format on the ODH website at <http://www.odh.ohio.gov/odhprograms/eh/sewage/Contractor/contract1.aspx> or by contacting the Ohio Department of Health Residential Sewage Program at BEH@odh.ohio.gov. Adobe Acrobat Reader may be used to open, complete, save and print the form.
- All information on the bond form must be complete and correct.
- **SUBMIT ORIGINALS ONLY with signatures. PHOTOCOPIES or FAXES WILL NOT BE ACCEPTED.**
- Please follow the steps below, and submit all documents as listed below in item #11.
  - **THE REGISTRATION BOND MUST BE FOR THE AMOUNT as 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.

**Forms**

The Ohio Department of Health made changes with the Surety Bonds for 2019. The bonds are now single page bonds. There are still 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:

<http://www.odh.ohio.gov/odhprograms/eh/sewage/Contractor/Surety%20Bond%20Requirements.aspx>

1. HEA Form 5438 – 2019 Service Provider Bond Form Package
2. HEA Form 5439 – 2019 Installer Bond Form for Multiple Systems Package
3. HEA Form 5440 – 2019 Septage Hauler Bond Form Package
4. HEA Form 5448 – 2019 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 used 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 your computer and then print the information typed into 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 2019 calendar year and it must be December 31, 2018 or later.
6. Provide the proper information and signatures at the bottom of the bond:
  - a) Check the box indicating the bond amount being provided, as indicated in #4.
  - b) Name of the company applying for the bond
  - c) Signature of the person representing the company
  - d) Name of the surety company
  - e) Address and telephone number of the surety company
  - f) Signature of the Attorney-in-Fact
7. Upon completion of the fill-in form, the completed form may be saved for your files by using the Adobe Acrobat Reader drop down "File" menu "Save As" option. It is recommended that you rename the file when saving. Continue by clicking the Printer button on the bottom of the second page of the form. This will Print and Clear the form. Therefore, if you want to save the information on the form, save the form prior to printing.
8. 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 by hand using a blue or black pen.
9. Apply or impress the seal of the Surety Company in the space provided.
10. Attach the Power-of-Attorney form for the Attorney-in-Fact. The bond number must match the surety bond number.
11. Mail the complete bond packet by enclosing the three items below:
  1. Completed **2019 Registration Bond** with original signatures and corporate seal;
  2. **Power of Attorney** (POA) for the 2019 Registration Bond;
  3. **2019 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](mailto:BEH@odh.ohio.gov)

Bond Number

State of Ohio  
2019 Registration Bond

Registration Number  
(for Health District use only)

Owned by:

**Sewage Treatment Systems Service Provider**

(Check One)

LEGAL COMPANY NAME: \_\_\_\_\_

individual

MAILING ADDRESS: \_\_\_\_\_

partnership

MAILING ADDRESS 2: \_\_\_\_\_

corporation

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)**

**fifteen thousand (\$15,000) – also bonded as installer**

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successor, 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 service provider 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 31<sup>st</sup> day of December, 2019.**

If the above Principal shall comply with all laws and rules relating to the servicing or maintenance 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. This obligation shall remain in full force and effect until **December 31, 2019 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 the bond shall be available for payment of violations for the 2019 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**

**Signature of Company Owner or Representative  
(required)**

Surety Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Surety Company Phone: \_\_\_\_\_

**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)*



# Ohio Department of Health Sewage Treatment Systems Program

2019 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 2019:

- Installer    Service Provider    Septage Hauler

Please list the county where the company is located

Are you registering to work in this county in 2019?

- Yes    No

If Bonded for only a Single System in 2018, list the County where work will be performed: \_\_\_\_\_

Please list (below) all of the County or City Health Districts that you registered with in 2019:

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**APPLICATION FOR A SERVICE PROVIDER REGISTRATION  
MARION PUBLIC HEALTH  
181 S MAIN ST  
MARION, OH 43302  
Phone: 1-740-387-6520 Fax: 1-740-383-2251**

Business Name: \_\_\_\_\_ Date: 01/14/2019  
 Operator's Name: \_\_\_\_\_ ID #: 17  
 Street Address: \_\_\_\_\_ Fee: 200.00  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date:  / /

Types of Components Serviced: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/we hereby apply for a registration to be a SERVICE PROVIDER in Marion County during the period from January 1, 2019 thru December 31, 2019. The fee for the annual registration is \$200.00.

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.**

Approved by Manufacturer to Service \_\_\_\_\_  
 (Copy of each manufacturer's certification must be supplied with this application)

Do you offer maintenance contracts? YES NO If Yes, for which manufacturers? Please list \_\_\_\_\_

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

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
 (SIGNATURE)

(Office Use Only)

YEAR 2019  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance

Test Date:  / / Score: \_\_\_\_\_  CEUs Attached  Bond Attached

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_