

IMPORTANT NOTICE!

DATE: November 14, 2019
TO: HSTS Service Providers
FROM: Marion Public Health
RE: **2020 Registration Application**

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

- Signed Application (make changes as needed)
- 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 1st** 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 <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS/> A secure signature page is there if they wish to complete online!

Contractor training opportunities for C.E.U.'s can also be accessed on the website link above.

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

**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: 11/12/2019

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 Served: _____

I/we hereby apply for a registration to be a SERVICE PROVIDER in Marion County during the period from January 1, 2020 thru December 31, 2020. 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 2020 Registration Approved: _____ Registration Denied: _____ Insurance

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

DATE _____ RECEIPT # _____ Received by: _____

***INSTRUCTIONS* TO BONDING COMPANY FOR EXECUTION OF THE
2020 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 2020 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 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.

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 2020 calendar year and it must be December 31, 2019 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 **2020 Registration Bond** with original signatures and corporate seal;
 2. **Power of Attorney** (POA) for the 2020 Registration Bond;
 3. **2020 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

State of Ohio
2020 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 31st day of December, 2020.**

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, 2020 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 2020 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

2020 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 2020:

- Installer Service Provider Septage Hauler

Please list the county where the company is located

Are you registering to work in this county in 2020?

- Yes No

If Bonded for only a Single System in 2020, list the County where work will be performed: _____

Please list (below) all of the County or City Health Districts that you registered with in 2020:
