

**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: 11/23/2020  
 Operator's Name: \_\_\_\_\_ ID #: 0  
 Street Address: \_\_\_\_\_ Fee: 0.00  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date: / /

Types of Systems/Components Serviced: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/we hereby apply for a registration to be a SERVICE PROVIDER in Marion County during the period from January 1 thru December 31 of this registration year. 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 2021  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance  
 Test Date: / / Score: \_\_\_\_\_  CEUs Attached  Bond Attached  
 DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_



PUBLIC HEALTH 181 S. Main St., Marion, OH 43302 | (740) 387-6520 | [www.marionpublichealth.org](http://www.marionpublichealth.org)

### IMPORTANT NOTICE!

DATE: November 24, 20  
TO: HSTS Service Providers  
FROM: Marion Public Health  
RE: **2021 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 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 <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

Bond Number

Registration Number

State of Ohio
2021 Registration Bond for
Sewage Treatment Systems Service Provider

Health District use only
Power of attorney attached

- Owned By (Check one)
Individual
Partnership
Corporation

LEGAL COMPANY NAME:
MAILING ADDRESS:
MAILING ADDRESS 2:
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)
Multiple STS bond number
(Also bonded as an installer)

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.

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, 2021.

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, 2021 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).
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.
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 (required - print name)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Owner/Representative Name (required - print name)

Signature of Owner/Representative (required)

Surety Company Name:

Address:

City, State, Zip:

Surety Company Phone:

Attorney-in Fact or Insurance Agent Name (required - print name)

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

Attorney-in Fact or Insurance Agent Name (required - print name)

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 System Program Contractor Contact Information for Installer, Septage Hauler and Service Provider

**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:

- Installer    Service Provider    Septage Hauler

Registration Year:

Please list the county where the company is located

## FOR INSTALLERS, SERVICE PROVIDERS, and SEPTAGE HAULERS

### Registration

- Anyone performing duties of a sewage treatment system installer, service provider, or septage hauler shall be registered with each Local Health District where work is done in accordance with the requirements in rule 3701-29-03 of the Ohio Administrative Code.
- All registration applications must be complete. Completed registration applications must be submitted to the Local Health Districts where the contractor will be working. The application must include the following:
  1. Registration Application and Fee established by the local health district
  2. Proof of a passing score on the sewage rules test (see Testing Requirements below).
  3. Proof of compliance with any system specific training, qualification, or certification required as a condition of a system's approval by the director
  4. Proof of General Liability Insurance (minimum \$500,000)
  5. Beginning in 2016 for registration *renewal only* – Proof of completion of six (6) continuing education hours during the previous calendar year.
  6. Proof of a Surety Bond (see page 2 for Surety Bond information)
  7. Any outstanding forms, permits, plans, service records, or other documentation for prior system work that have not been submitted to the local health districts.
  8. Any other required information from the local health district.
- Persons registering to install, provide service, or haul septage will not be registered until the local health district has reviewed, approved and processed the registration application. Submitting a registration application does not guarantee registration or immediate registration.
- Registration must be complete prior to conducting any work on a sewage treatment system. If you have not been contacted about the status of your registration, contact that local health district's sewage program prior to performing any work.

### Contractor Testing Requirements

- All persons registering as a sewage treatment system installer, service provider, or septage hauler shall pass a test on the sewage treatment systems rules.
- The test is an open-book test with 75 questions. A copy of the sewage treatment systems rules will be provided at the test site if you do not have a copy. A minimum of 3 hours will be provided to take the open book test.
- The test will be available through three entities:
  1. Local Health Districts may choose to offer the test. Contact the local health district where you register to see if they proctor the test locally.
  2. The Operator Training of Ohio OTCO offers the STS contractor test online at no cost. The test and a download of the rules can be accessed from their website at (<https://otco.org/sts-program>)
  3. Ohio Department of Health, Bureau of Environmental Health, Residential Water and Sewage Program will proctor the test by appointment. Call 614-644-7551 to schedule a test date.
- A score of 75% is required for a passing score.
- A certificate will be provided upon passing the test. This certificate will be required to register.
- The primary registrant or a company representative must take the test. Additional testing will not be required, for additional registration years, once a passing score has been received.
- Please contact the Residential Water and Sewage Program at the Ohio Department of Health at (614)644-7551 if you need alternative accommodations to take the rules test.

## Surety Bonds

- Separate surety bond forms are available for each category of registration. These forms and the instructions are available on the ODH Sewage Program website at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS/>
  - The bond forms are:
    - HEA Form 5438 – Service Providers Bond
    - HEA Form 5439 – STS Installer Bond (for Multiple STS)
    - HEA Form 5440 – Septage Hauler Bond
    - HEA Form 5448 – STS Installer Bond Form for Single (1) Installation
- A surety bond must be submitted for each category of registration.  
*If you are an installer and a service provider then you must submit both an Installer Bond and Service Providers Bond.*
- Follow the surety bond instruction document. If you have questions that cannot be answered from this document contact the ODH Sewage Program staff at 614-644-7551.
- The surety bond forms must be effective no earlier than the first day of January of each registration year and shall provide coverage no later than the last day of December of the same registration year.
- Once completed, send the surety bond form(s) with the original signatures, seal, and power-of-attorney to the Ohio Department of Health.
  - *Prior to submitting surety bonds to the Ohio Department of Health, make copies of all documents for your records, and for each local health District where you register.*
  - Send the following documents to the Ohio Department of Health:
    - Registration Bond for Installers, Service Providers, and/or Septage Haulers
    - Corresponding power-of-attorney for each bond
    - Sewage Contractor Contact Information Form

### MAIL ALL SURETY BOND DOCUMENTS TO:

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

## Continuing Education Unit (CE) Requirements

- Proof of continuing education is required at the time of registration renewal. New registrants are not required to provide proof of continuing education at the time of their initial registration.
- Six (6) hours of approved CE must be completed during the year prior to each registration renewal.
- The Ohio Department of Health posts lists of approved STS contractor continuing education on its website. Links to lists of approved in-person trainings and approved online distance learning can be found at the following link: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-LHDS/>

**\*INSTRUCTIONS\* TO BONDING COMPANY FOR EXECUTION OF THE  
2021 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 Ohio Administrative Code (OAC) rule 3701-29-03(C)(6), except as permissible in rule OAC 3701-29-03(G) and (H).
- The 2021 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](mailto:BEH@odh.ohio.gov)
- All information on the bond form must be complete and correct.
- Please follow the instructions below, and submit all documents listed in item #10.
  - **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.

**Forms**

There are 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:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS>

1. HEA Form 5438 – 2021 Service Provider Bond Form Package
2. HEA Form 5439 – 2021 Installer Bond Form for Multiple Systems Package
3. HEA Form 5440 – 2021 Septage Hauler Bond Form Package
4. HEA Form 5448 – 2021 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 Adobe Acrobat Reader to open, complete, save and print 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 2021 calendar year and it must be December 31, 2020 or later.
6. Fill in the information and signatures at the bottom of the bond:
  - a) Print the Legal Company name of the company applying for the bond. This item **must** match the Legal Company Name as it appears at the top of the bond.
  - b) Printed name and original signature of the company owner or representative
  - c) Name and contact information of the surety company, including address and telephone number
  - d) Original signature of the Attorney-in-Fact
7. 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.
8. Apply or impress the seal of the Surety Company in the space provided.
9. Attach the Power-of-Attorney form for the Attorney-in-Fact. The bond number on the Power-of-Attorney must match the surety bond number.
10. Mail the complete bond packet to the address below. **SUBMIT ORIGINALS ONLY. PHOTOCOPIES, FAXES, OR EMAILS WILL NOT BE ACCEPTED.** Submissions must include:
  1. **2021 Registration Bond**, complete with original signatures and corporate seal;
  2. **Power of Attorney (POA)** for the 2021 Registration Bond;
  3. **2021 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**

**Please allow up to thirty (30) days upon receipt of the surety bond(s) by the ODH Residential Sewage Program for bond(s) to be processed.** The status of a bond submission can be checked by visiting the "Contractor Bond Lists" tab on the ODH Residential Sewage Program webpage at:  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-LHDS/>

If you have questions or need assistance, contact the Residential Sewage Program at (614) 644-7551 or by email at [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov).