



HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

*Timothy I. Ingram
Health Commissioner*

*250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219*

*Phone 513.946.7800
Fax 513.946.7890*

hamiltoncountyhealth.org

November 22, 2016

Dear Contractor,

It is that time of year again to apply for registration as a Sewage Treatment System (STS) and/or Gray Water Recycling System (GWRS) contractor in Hamilton County. As you are likely aware, the statewide sewage rules that became effective January 1, 2015 have resulted in many changes, including those that affect contractor registration. Enclosed with this letter you will find:

- i A fact sheet developed by the Ohio Department of Health (ODH) concerning registration requirements in 2017.
- i A guidance document developed by ODH that lists allowable activities by each category of registration.
- i ODH 2017 bond form instructions.
- i ODH 2017 surety bond forms for each registration category.
- i ODH 2017 contractor contact information form.
- i Hamilton County Public Health (HCPH) applications for each category of registration which includes:
 - o Installer
 - o Service Provider
 - o Septage Hauler (includes septage hauling truck permit application)

Please take time to review each of these documents. For each category that you request registration, you will need to follow the instructions on the ODH 2017 bond form instruction sheet and complete the associated HCPH application form. To avoid a 25 percent late fee required by the Ohio Revised Code 3709.09(D), all needed items must be post marked to the appropriate agency before January 1, 2017.

The following must be submitted to HCPH for each registration category:

- i Completed application.
- i Associated application fees.
- i Proof of passing the statewide STS exam.
- i A copy of your General Liability Insurance of not less than \$500,000 (with ODH listed as the certificate holder).
- i A copy of completed State of Ohio Surety Bond for the registration category.
- i A copy of certificates showing completion of six continuing education hours earned in 2016.
- i A copy of certificates/qualifications that you hold for STS installation or service.

The following must be submitted to ODH:

- i The original General Liability Insurance of not less than \$500,000 (with ODH listed as the certificate holder).
- i The original completed State of Ohio Surety Bond.
- i Power-of-Authority (POA) for the 2017 Registration Bond.
- i A copy of the completed Contractor Contact Information Form.

Please visit our website at www.hamiltoncountyhealth.org for more information about the new statewide sewage rules. If you have any questions, please contact our customer service group at (513) 946-7800, Monday through Friday, from 7:30 a.m. - 4:30 p.m.

Sincerely,

Chris Griffith, R.S.
Director, Division of Water Quality



**Ohio Department of Health
Bureau of Environmental Health
Residential Water and Sewage
Program**

"To protect and improve the health of all Ohioans"

Sewage Treatment System Contractor Registration Fact Sheet

FOR INSTALLERS, SERVICE PROVIDERS, and SEPTAGE HAULERS

Registration

- All persons performing duties as a sewage treatment system installer, service provider, or septage hauler shall be registered with each Local Health District where they will be working as per the requirements in rule 3701-29-03 of the Ohio Administrative Code (effective January 1, 2015).
- Registration applications may be accepted by the Local Health Districts prior to first day of January of each year.
- All registration applications must be complete. All completed registration applications must be submitted to the Local Health Districts in which the work is intended. The application must include the following:
 1. Registration Application Fee
 2. Proof of passing the Testing Requirements (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 of not less than \$500,000.
 5. Beginning for 2016 Registration only – Proof of completion of six (6) continuing education hours during the previous calendar year.
 6. Proof of a Surety Bond (see below for bond information)
 7. Submit the surety bond with original signatures and seal to the Ohio Department of Health
 8. Submit a copy of the completed surety bond with the registration application and appropriate registration fee to the local health district
 9. Any outstanding forms, permits, plans, service records, or other documentation for prior system work that have not been submitted to the local health districts.
 10. 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.

Surety Bonds

- Three surety bond forms are available depending on the type of work your company conducts. These forms and the instructions are available on the ODH Sewage Program website at <http://www.odh.ohio.gov/odhprograms/eh/sewage/STSpages/Information%20for%20LHD.aspx>. The bond forms are as follows:
 1. HEA 5438 – Service Providers Bond Form
 2. HEA 5439 – STS Installer Bond Form
 3. HEA 5440 – Septage Hauler Bond Form
- A surety bond form must be completed for each type of work conducted.
e.g. If you are an installer and a service provider then you must complete both the Installer Bond Form and the Service Providers Bond Form.
- Follow the surety bond instruction document. If you have questions that cannot be answered from this document contact the ODH Sewage Staff at 614-644-7551.
- The surety bond forms must be effective no later 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 and seal to the Ohio Department of Health at the address provided below.

MAIL ALL SURETY BOND FORMS TO:

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

- Prior to submitting surety bond forms to the Ohio Department of Health, make copies of all documents for your records, and for all of the Local Health Districts where registration is being applied.
- Please mail the following bond forms to the Ohio Department of Health:
 1. Registration Bond for Installers, Service Providers, and/or Septage Haulers
 2. Power of Attorney
 3. Proof of General Liability Insurance (no less than \$500,000 coverage) (with ODH as the listed certificate holder)
 4. Sewage Contractor Contact Information Form (to ODH only)

Contractor Testing Requirements

- All persons registering as a sewage treatment system installer, service provider, or septage hauler shall take 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 for information about tests they will be proctoring or contact the Ohio Department of Health. ODH will post testing locations and dates as received by the local health districts at <http://www.odh.ohio.gov/odhprograms/eh/sewage/Contractor/Testing%20Requirements.aspx>. Local health districts, that are proctoring open tests, should notify the Ohio Department of Health of test dates and locations at least one (1) week prior to the date of the test.
 2. Operator Training of Ohio (<https://www.otco.org/sts-program.html>) – a private non-profit training organization that trains water and wastewater treatment plant operators, and other contractors.
 3. Ohio Department of Health, Bureau of Environmental Health, Residential Water and Sewage Program will schedule test dates in December, 2014 and each year.
- A score of 75% or greater will be a passing score.
- A certificate will be provided upon passing the test. This certificate will be required to register. When proctoring tests, local health districts must send a spreadsheet list containing the date and location of the test, the contractor's name, the contractor's company name, and the contractor's test score to the Ohio Department of Health, Residential Water and Sewage Program.
- 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.

Continuing Education Unit (CEU) Requirements

- CEU's will not be required for the 2015 Registration year.
- Six (6) CEU's must be obtained during the year prior to each registration year starting with the 2016 Registration year.
i.e. CEU's for the 2016 Registration will need to be obtained during the 2015 registration year.
- The Ohio Department of Health will provide an application form for local health districts or other training providers who are interested in offering CEU's for sewage contractors. The list of training events approved for obtaining CEU's will be posted on the ODH program website (<http://www.odh.ohio.gov/odhprograms/eh/sewage/Contractor/Continuing%20Education%20Unit%20Requirements.aspx>).



Ohio Department of Health
Bureau of Environmental Health
Residential Water and Sewage Program

**Sewage Treatment System Contractors’
Allowable Activities by Category of Registration**

This document has been prepared to provide some guidance on the activities that a contractor is allowed to perform under each category of registration. The list of activities for each category of registration is intended to provide a general idea and contractors are not necessarily limited to only the activities list here. If you have questions about activities that are not listed, you may contact the Residential Sewage Program for additional guidance at 614-644-7551.

Installer – activity of installing, or altering STS or GWRS [OAC 3701-29-01 (FFF)]	Service Provider – activity of servicing, monitoring, evaluating or sampling STS or GWRS [OAC 3701-29-01 (OOOO)]	Septage Hauler – collection, transportation, disposal and/or land application of domestic septage, and evaluate and report on the condition of the tank(s) they are pumping. [OAC 3701-29-01 (JJJJ)]
Installation or alteration work in accordance with a valid installation/permit issued by the board of health	Routine service and maintenance required for product approval and/or operation permit (e.g. service contracts) for STS or GWRS, including in-place correction, cleaning, or replacement of damaged or worn out devices with approved devices	Evaluate and report on: <ul style="list-style-type: none"> • condition of the tank • presence/absence of baffles or tees • conditions of risers • evidence of high water or water intrusion • tank deterioration
Inspection for trouble-shooting STS issues if installed or altered by same installer	Replacement of mechanical devices (agitators, compressors, and pumps), and broken, worn-out, or damaged parts	Conduct and report any minor repairs limited to structure of the tank(s) being pumped, including: <ul style="list-style-type: none"> • Installation/replacement of lids or risers on the tank • Installation, repair, or replacement of tank baffles • Installation, cleaning, or repair of effluent filter at outlet of tank
Installation or replacement of lids, risers, distribution boxes, drop boxes, tank baffles, effluent filters, etc.	Replacement or cleaning of STS filter media	Maintain records and manifest of septage or sewage pumped from each STS as required in OAC 3701-29-20 (C).
Installation of sampling ports	Installation of sampling ports	
	Installation or replacement lids, risers, baffles	
	Installation or cleaning of outlet filters	
	Monitoring of STS or component for verification of performance requirements, including dye tests	
	Evaluation of STS (i.e. real estate/point-of-sale inspections)	
	Sample collection from STS for lab analysis	

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. **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 Service Provider

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

☐

fifteen thousand (\$15,000) – also bonded as an Installer

☐

twenty-five thousand (\$25,000)

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 service provider 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 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, 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
☐ fifteen thousand (\$15,000.00) or ☐ twenty-five thousand dollars (\$25,000.00) (check applicable amount) 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

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

Bond Number

Registration Number
(for Health District use only)

State of Ohio
2017 Registration Bond
Sewage Treatment Systems Installer
(for the installation of ONLY one (1) Sewage Treatment
System in a registration year)

Know all men by these presents, that

Company or Corporation Name

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

Of Address

To install **ONE** system in

enter the local health district jurisdiction where the single installation will occur above

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

- ☐ **twenty-five thousand (\$25,000) – Small Flow On-site Sewage Treatment System**
☐ **equal to system cost _____ - Household Sewage Treatment System**

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
☐ **twenty-five thousand (\$25,000.00)** or
☐ **equal to system cost** _____ *(check applicable amount)*
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

Bond Number

Registration Number
(for Health District use only)

State of Ohio
2017 Registration Bond
Sewage Treatment Systems Septage Hauler

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

twenty-five thousand (\$25,000)

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 septage hauler 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 collection, transportation, disposal and land application of domestic septage from 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

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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
twenty-five thousand (\$25,000.00)
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:

2017 Sewage Treatment System Service Provider Registration Application

Use this application to request registration as a Sewage Treatment System (STS) or Gray Water Recycling System (GWRS) Service Provider as specified under Ohio Administrative Code 3701-29-03.

Please complete all of the following information, print name, sign and date below:

Company: _____

Company Representative per OAC 3701-29-03(D): _____

Address: _____

Mailing Address: _____

(if different from above)

City, State, Zip: _____

Phone: _____

Office

Cell

Fax

E-mail Address: _____

Surety Company: _____ **Bond Number:** _____

Liability Company: _____

Please verify by using the checklist below that each required item is submitted or completed with your registration application.

- ☐ Registration Fee of \$135
- ☐ Proof of Passing Statewide STS Exam
- ☐ Copy of General Liability Insurance of not less than \$500,000 (Ohio Department of Health as the Certificate Holder)
- ☐ Copy of Completed State of Ohio Surety Bond (original goes to ODH)
- ☐ Copy of Certificate(s) Showing Completion of Six Continuing Education Hours Earned in 2016
- ☐ Applicant has completed all outstanding jobs and submitted all required documents requested in 2016

Please check the box AND SUPPLY DOCUMENTATION for each equipment manufacturer THAT YOU ARE QUALIFIED/CERTIFIED TO SERVICE or provide other approved third party training/qualification/certification you hold. (Only required for systems your company provides service for that are installed after 2007)

- ☐ Bionest Technologies
- ☐ Anua
- ☐ Consolidated Treatment Systems
- ☐ Clear Stream Wastewater
- ☐ Ecological Tanks Incorporated
- ☐ Hydro Action Industries
- ☐ Jet Incorporated
- ☐ Aero-Tech
- ☐ AES-Presby
- ☐ Eco-Pure Incorporated
- ☐ SeptiTech Incorporated
- ☐ Quanics Incorporated

- ☐ Bio Microbics Incorporated
- ☐ Zoeller Pump Company
- ☐ Eljen Corporation
- ☐ Infiltrator Systems
- ☐ Norweco Incorporated
- ☐ Drip Distribution
- ☐ Delta Environmental
- ☐ Orenco Systems Incorporated
- ☐ Hoot Aerobic Systems
- ☐ Other(list): _____
- ☐ Other(list): _____
- ☐ Other(list): _____

As a registered contractor with Hamilton County Public Health, I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked under rule 3701-29-03 of the Ohio Administrative Code. By my signature below, I certify that I agree to comply with the conditions of Chapter 3701-29 of the Ohio Administrative Code and all other applicable local, state, and/or federal codes. Additionally, my signature certifies that I have not been convicted of any violations of OAC 3701-29 or ORC 3718.

Printed Name

Signature

Date

2017 Sewage Treatment System Installer Registration Application

Use this application to request registration as a Sewage Treatment System (STS) or Gray Water Recycling System (GWRS) Installer as specified under Ohio Administrative Code 3701-29-03.

Please complete all of the following information, print name, sign and date below:

Company: _____

Company Representative per OAC 3701-29-03(D): _____

Address: _____

Mailing Address: _____

(if different from above)

City, State, Zip: _____

Phone: _____

Office

Cell

Fax

E-mail Address: _____

Surety Company: _____ **Bond Number:** _____

Liability Company: _____

Please verify by using the checklist below that each required item is submitted or completed with your registration application.

- 0 ☐ Registration Fee of \$135
- 0 ☐ Proof of Passing Statewide STS Exam
- 0 ☐ Copy of General Liability Insurance of not less than \$500,000 (Ohio Department of Health as the Certificate Holder)
- 0 ☐ Copy of Completed State of Ohio Surety Bond (original goes to ODH)
- 0 ☐ Copy of Certificate(s) Showing Completion of Six Continuing Education Hours Earned in 2016
- 0 ☐ Applicant has completed all outstanding jobs and submitted all required documents requested in 2016

Please check the box AND SUPPLY DOCUMENTATION for each equipment manufacturer THAT YOU ARE QUALIFIED/CERTIFIED TO INSTALL, or provide other approved third party training/qualification/certification you hold.

- ☐ Bionest Technologies
- ☐ Anua
- ☐ Consolidated Treatment Systems
- ☐ Clear Stream Wastewater
- ☐ Ecological Tanks Incorporated
- ☐ Hydro Action Industries
- ☐ Jet Incorporated
- ☐ Aero-Tech
- ☐ AES-Presby
- ☐ Eco-Pure Incorporated
- ☐ SeptiTech Incorporated
- ☐ Quanics Incorporated

- ☐ Bio Microbics Incorporated
- ☐ Zoeller Pump Company
- ☐ Eljen Corporation
- ☐ Infiltrator Systems
- ☐ Norweco Incorporated
- ☐ Drip Distribution
- ☐ Delta Environmental
- ☐ Orenco Systems Incorporated
- ☐ Hoot Aerobic Systems
- ☐ Other(list): _____
- ☐ Other(list): _____
- ☐ Other(list): _____

As a registered contractor with Hamilton County Public Health, I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked under rule 3701-29-03 of the Ohio Administrative Code. By my signature below, I certify that I agree to comply with the conditions of Chapter 3701-29 of the Ohio Administrative Code and all other applicable local, state, and/or federal codes. Additionally, my signature certifies that I have not been convicted of any violations of OAC 3701-29 or ORC 3718.

Printed Name

Signature

Date

2017 Sewage Treatment System Septage Hauler Registration Application

Use this application to request registration as a Septage Hauler as specified under Ohio Administrative Code 3701-29-03.

Please complete all of the following information, print name, sign and date below:

Company: _____

Company Representative per OAC 3701-29-03(D): _____

Address: _____

Mailing Address: _____

(if different from above)

City, State, Zip: _____

Phone: _____

Office

Cell

Fax

E-mail Address: _____

Surety Company: _____ **Bond Number:** _____

Liability Company: _____

Please verify by using the checklist below that each required item is submitted or completed with your registration application.

- 0 ☐ Registration Fee of \$135, plus \$85 for each septage hauling truck used in Hamilton County
- 0 ☐ Proof of Passing Statewide STS Exam
- 0 ☐ Copy of General Liability Insurance of not less than \$500,000 (Ohio Department of Health as the Certificate Holder)
- 0 ☐ Copy of Completed State of Ohio Surety Bond (original goes to ODH)
- 0 ☐ Copy of Certificate(s) Showing Completion of Six Continuing Education Hours Earned in 2016
- 0 ☐ Applicant has completed all outstanding jobs and submitted all required documents requested in 2016
- 0 ☐ Complete the Septage Hauler Truck Permit Application (Page 2)

As a registered contractor with Hamilton County Public Health, I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked under rule 3701-29-03 of the Ohio Administrative Code. By my signature below, I certify that I agree to comply with the conditions of Chapter 3701-29 of the Ohio Administrative Code and all other applicable local, state, and/or federal codes. Additionally, my signature certifies that I have not been convicted of any violations of OAC 3701-29 or ORC 3718.

Printed Name

Signature

Date

2017 Sewage Treatment System Septage Hauler Truck Permit Application

Company: _____

Use this application to request a permit for the Septage Hauling Trucks Listed Below Per Ohio Administrative Code 3701-29-03.

Below, list the year, make and model, tank capacity and license plate number for each of your septage hauling trucks to be permitted for use in Hamilton County. All trucks used in Hamilton County must be permitted by HCPH. (Print or request additional copies of this page if needed).

_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number
_____ Year	_____ Make and Model	_____ Capacity (Gallons)	_____ License Plate Number

As a registered contractor with Hamilton County Public Health, I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked under rule 3701-29-03 of the Ohio Administrative Code. By my signature below, I certify that I agree to comply with the conditions of Chapter 3701-29 of the Ohio Administrative Code and all other applicable local, state, and/or federal codes. Additionally, my signature certifies that I have not been convicted of any violations of OAC 3701-29 or ORC 3718.

Printed Name_____
Signature_____
Date