



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 08, 2018

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. Enclosed with this letter you will find:

- i A fact sheet developed by the Ohio Department of Health (ODH) concerning registration requirements in 2019.
- i A guidance document developed by ODH that lists allowable activities by each category of registration.
- i ODH 2019 bond form instructions.
- i ODH 2019 surety bond forms for each registration category.
- i ODH 2019 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 2019 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, 2019.

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 HCPH 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 2018.
- i A copy of certificates/qualifications that you hold for STS installation or service.

The following must be submitted to ODH:

- i The original completed State of Ohio Surety Bond.
- i Power-of-Attorney (POA) for the 2019 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
and Radiation Protection
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

- 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://www.otco.org/sts-exam.html>)
 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:
<http://www.odh.ohio.gov/odhprograms/eh/sewage/Contractor/Surety%20Bond%20Requirements.aspx>
 - 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:
 - ORIGINAL 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 (i.e. CE for the 2019 registration renewal must be earned during the 2018 calendar year).
- 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:
<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	
Installation of sampling ports	Installation of sampling ports	Maintain records and manifest of septage or sewage pumped from each STS as required in OAC 3701-29-20 (C).
	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 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>

- HEA Form 5438 – 2019 Service Provider Bond Form Package
- HEA Form 5439 – 2019 Installer Bond Form for Multiple Systems Package
- HEA Form 5440 – 2019 Septage Hauler Bond Form Package
- 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

Bond Number

State of Ohio
2019 Registration Bond
Sewage Treatment Systems Service Provider

Registration Number
(for Health District use only)

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) – 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, 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 2018 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)

Bond Number

State of Ohio
2019 Registration Bond
Sewage Treatment Systems Installer
(for Multiple Sewage Treatment Systems)

Registration Number
(for Health District use only)

Owned by:

(Check One)

individual LEGAL COMPANY NAME: _____

partnership MAILING ADDRESS: _____

corporation 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

forty thousand dollars (\$40,000)

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 installer in the State of Ohio as provided in section 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03. The registration **expires on the 31st day of December, 2019.**

If the above Principal shall comply 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. 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 2018 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)

Bond Number

State of Ohio

2019 Registration Bond

Registration Number
(for Health District use only)

Owned by:

(Check One)

Sewage Treatment Systems Installer

for installation of ONLY ONE (1) STS in a registration year

individual

LEGAL COMPANY NAME: _____

partnership

MAILING ADDRESS: _____

corporation

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

Household Sewage Treatment System – **equal to system cost**

\$

Small Flow On-Site Sewage Treatment System – **twenty-five thousand (\$25,000)**

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.

To install ONE (1) system in _____

Health District.

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 installer in the State of Ohio as provided in section 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03. The registration expires on the **31st day of December, 2019**.

If the above Principal shall comply 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. 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 2018 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)

Bond Number

State of Ohio

2019 Registration Bond

Registration Number
(for Health District use only)

Owned by:

Sewage Treatment Systems Septage Hauler

(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 dollars (\$25,000)

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 septage hauler in the State of Ohio as provided in section 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration **expires on the 31st day of December, 2019.**

If the above Principal shall comply 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. 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 2018 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)



Department of Health

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:

2019 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.

- ☐ Registration Fee of \$135
- ☐ Proof of Passing Statewide STS Exam
- ☐ Copy of General Liability Insurance of not less than \$500,000 (Hamilton County Public 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 (CE) hours earned in 2018, for renewals only
- ☐ Applicant has completed all outstanding jobs and submitted all required documents requested in 2018

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.

- | | |
|---|--|
| <input type="checkbox"/> Bionest Technologies | <input type="checkbox"/> Bio Microbics Incorporated |
| <input type="checkbox"/> Anua | <input type="checkbox"/> Zoeller Pump Company |
| <input type="checkbox"/> Consolidated Treatment Systems | <input type="checkbox"/> Eljen Corporation |
| <input type="checkbox"/> Clear Stream Wastewater | <input type="checkbox"/> Infiltrator Systems |
| <input type="checkbox"/> Ecological Tanks Incorporated | <input type="checkbox"/> Norweco Incorporated |
| <input type="checkbox"/> Hydro Action Industries | <input type="checkbox"/> Drip Distribution |
| <input type="checkbox"/> Jet Incorporated | <input type="checkbox"/> Delta Environmental |
| <input type="checkbox"/> Aero-Tech | <input type="checkbox"/> Orenco Systems Incorporated |
| <input type="checkbox"/> AES-Presby | <input type="checkbox"/> Hoot Aerobic Systems |
| <input type="checkbox"/> Eco-Pure Incorporated | <input type="checkbox"/> Other(list): _____ |
| <input type="checkbox"/> SeptiTech Incorporated | <input type="checkbox"/> Other(list): _____ |
| <input type="checkbox"/> Quanics Incorporated | <input type="checkbox"/> 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

2019 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 (Hamilton County Public 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 (CE) hours earned in 2018 for renewals only
- ☐ Applicant has completed all outstanding jobs and submitted all required documents requested in 2018

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)

- | | |
|---|--|
| <input type="checkbox"/> Bionest Technologies | <input type="checkbox"/> Bio Microbics Incorporated |
| <input type="checkbox"/> Anua | <input type="checkbox"/> Zoeller Pump Company |
| <input type="checkbox"/> Consolidated Treatment Systems | <input type="checkbox"/> Eljen Corporation |
| <input type="checkbox"/> Clear Stream Wastewater | <input type="checkbox"/> Infiltrator Systems |
| <input type="checkbox"/> Ecological Tanks Incorporated | <input type="checkbox"/> Norweco Incorporated |
| <input type="checkbox"/> Hydro Action Industries | <input type="checkbox"/> Drip Distribution |
| <input type="checkbox"/> Jet Incorporated | <input type="checkbox"/> Delta Environmental |
| <input type="checkbox"/> Aero-Tech | <input type="checkbox"/> Orenco Systems Incorporated |
| <input type="checkbox"/> AES-Presby | <input type="checkbox"/> Hoot Aerobic Systems |
| <input type="checkbox"/> Eco-Pure Incorporated | <input type="checkbox"/> Other(list): _____ |
| <input type="checkbox"/> SeptiTech Incorporated | <input type="checkbox"/> Other(list): _____ |
| <input type="checkbox"/> Quanics Incorporated | <input type="checkbox"/> 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

2019 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.

- Registration Fee of \$135, plus \$85 for each septage hauling truck used in Hamilton County
- Proof of passing statewide STS exam
- Copy of General Liability Insurance of not less than \$500,000 (Hamilton County Public 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 (CE) hours earned in 2018, for renewals only
- Applicant has completed all outstanding jobs and submitted all required documents requested in 2018
- 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

2019 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