## \*INSTRUCTIONS\* TO BONDING COMPANY FOR EXECUTION OF THE 2024 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 2024 Sewage Treatment System Registration Bonds for installers, service providers, and septage haulers are available in a PDF format on the ODH website at: <u>https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS</u> or by contacting the Ohio Department of Health Residential Sewage Program at <u>Sewage@odh.ohio.gov</u>
- All information on the bond form must be complete and correct.
- Please follow the instructions below, and submit all documents listed in item #10.
- <u>THE REGISTRATION BOND MUST BE FOR THE AMOUNT required in OAC rule 3701-29-03(C)(6)(e). (see Table 1 below)</u>

#### OAC rule 3701-29-03(C)(6)(e) Table 1. Contractor bonding requirements.

Number of	Installer		Service Provider		Septage Hauler	
systems (annually)	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.

#### <u>Forms</u>

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

- 1. HEA Form 5438 2024 Service Provider Bond Form Package
- 2. HEA Form 5439 2024 Installer Bond Form for Multiple Systems Package
- 3. HEA Form 5440 2024 Septage Hauler Bond Form Package
- 4. HEA Form 5448 2024 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 completed 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 2024 calendar year, and it must be December 31, 2023, 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/electronic signature of the company owner or representative
  - c) Name and contact information of the surety company, including address and telephone number
  - d) Original/electronic 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. Signatures are either by hand using a blue or black pen or electronic.
- 8. Apply the seal (Paper or Electronic) of the Surety Company in the space provided on the bond form.
- 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 or email the complete bond packet to the address below. **SUBMIT ORIGINALS ONLY.** Submissions must include:
  - 1. **2024 Registration Bond**, complete with original/electronic signatures and corporate seal (Electronic or paper seal)
  - 2. **Power of Attorney** (POA) for the 2024 Registration Bond.
  - 3. Sewage Contractor Contact Information Form.

### Mail Bond Package to: Ohio Department of Health BEHRP/ Residential Sewage Program 246 N. High St. Columbus, Ohio 43215-0278

The complete bond package can also be emailed to <u>SewageBonds@odh.ohio.gov</u>

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 <u>Sewage@odh.ohio.gov</u>.

2024 Registration Bond for Sewage Treatment Systems Installar      I installation of OnIV ONE (1) STS in a registration year      I concorrect of installation of OnIV ONE (1) STS in a registration year      Orned By     (Check one)     LEGAL COMPANY NAME:     (Check one)     MAILING ADDRESS :     Corporation     TTY, STATE, ZIP.     As Principal, and Surety Company     Save authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggreved party in     the sum of     Household Sewage Treatment System - equal to System cost     Surety Company     Save authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggreved party in     the sum of     Household Sewage Treatment System - equal to System cost     Surety Company     Save authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggreved party in     the sum of     Household Sewage Treatment System - equal to System cost     Surety Check Data     TTY and the surety in the sum of     Household Sewage Treatment System - equal to Surety hereby bind to themselves, their heirs, executors,     daministrations, uscoessoria 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 undar Ohio Revised Code (ORC) Chapter 3709,     tra registration to engage in and availate in an the State of Ohio as provinded in actions 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration     apprise on the State of Ohio and presend work on the severed     aggreved by the violation of any of the adressid laws or rules from the consequence of any and all acts dore by saudition     and there an effective the ID December 31, 222 and will be all of Ohio are presend work oney be     aggreved by the violation of any of the adresead district in the consequence of any and all acts dore by saudit	Bond Number	State of	of Ohio	Registration Number
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for installation of Only ONE (1) STS in a registration year         Owned By (Check one)       LEGAL COMPANY NAME:         Chack one)       MAILING ADDRESS :         Partnership       MAILING ADDRESS :         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         Comportation       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         Comparison       State of Ohio, as Surety. 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 engage in and practice the business of a severage treatment system installer 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 stat day of December 2024.         If the above Principal has applied to a health district in Ohio as entablished under Ohio Revised. 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 State of Oheomebr 2024.         If the above Princ		-		
(Check one)       MAILING ADDRESS:         Partnership       MAILING ADDRESS 2         Corporation       CITY, STATE, ZIP:         As Principal, and Surety Company       Isiare authorized to do buinness in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of         Image: State authorized to do buinness in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of         Image: State authorized to do buinness in the State of Ohio, as Surety. The Principal and Surety hereby bind to themselves, their heirs, executors, administrations: 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 a provided neations 371.802 (A)(8) of the ORC and Ohio Administrative Code (ORC) State registration express on the 31st day of December 324.         The above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration of the state of Ohio and any present who may be agrieved by the locast of the Construction, alteration, repair, or abandonment of sewage treatment systems and any amendments thereto, and shall ave and keep harmless the State of Ohio and any present who may be agrieved by othe altorest of the Ohiowing asynces doministican and illiniations:         1. The Surety Company may cancel this Bond is a current and valid registration of the conce		for installation of Only ONE	(1) STS in a registration year	
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Air Partnership       MAILING ADDRESS 2:         Corporation       CTY, STATE, ZIP:         As Principal, and Surety Company       Issues an interstance of 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       \$	· · · ·	MAILING ADDRESS:		
As Principal, and Surety Company		MAILING ADDRESS 2:		
<pre>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</pre>	□ Corporation	CITY, STATE, ZIP:		
Small Flow On-Site 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	is/are authorized to do b		y. The Principal and Surety are bound	I to an aggrieved party in
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	Household Se	ewage Treatment System – e	qual to system cost \$	
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 ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration expires on the 31st day of December 2024. If the above Principal shall comply with all laws and rules relating to the construction, alteration, regair, or abandonment of sewage treatment systems and any yamendments 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, 2024 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 and cordance with OAC rule 3701-29-03 (C)(6)(1). The Principal shall then notity all local health districts in Ohio where 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 this bond shall be available for payment of violations for the 2024 registration year. 3. This bond shall be of 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).  4. Legal Company Name (required - print name)  5. Surety Company Phone:  5. Surety Company Phone:  5. Surety Company Phone:  5. Address: 5. City, State, Z	the payment of which is to	b be made as provided below. The Prin		
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 to2 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration expires on the 31st day of December 2024. 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, 2024 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 even texceed the sum of this bond, regardless of the number of claims that may be filed hereunder. The sum of this bond shall be available for payment of violations for the 2024 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). 5. Urety Company Name	To Install ONE (1) system	h in Health Di	strict. Bond Effective Date:	
treatment systems and any amenidments 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, 2024 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 DAC 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 this bond shall be available for payment of violations for the 2024 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 (required – print name)  Legal Company Name (required – print name)  Surety Company Name:  Address: City, State, Zip: Surety Company Phone:  Attorney-in-Fact or Insurance Agent Signature (required)  Attorney in Fact Listed on the Power of Attorney in Fact Listed on the Power of for Attorney-in-Fact  Attorney-in-Fact or Insurance Agent Signature (required)  Attorney frequired - print name)  Instructions for preparation:  Att	for a registration to engage as provided in sections 37	je in and practice the business of a sew 718.02 (A)(8) of the ORC and Ohio Adm	age treatment system installer in the Sta	te of Ohio
Owner/Representative Name (required - print name)       Signature of Owner/Representative (required)         Surety Company Name:	<ul> <li>treatment systems and ar aggrieved by the violation This obligation shall rema</li> <li>PROVIDED, HOWEVER,</li> <li>1. The Surety Company (90) days prior to the notify all local health the bond and shall im from liability for any sacts of Principal cove</li> <li>2. The aggregate of liab claims that may be fil year.</li> <li>3. This bond shall be for</li> </ul>	by amendments thereto, and shall save of any of the aforesaid laws or rules from in in full force and effect until <b>Decembe</b> that this Bond is executed subject to the may cancel this Bond at any time by give effective date of cancellation in accordar districts in Ohio where the Principal hole mediately submit proof of a new registr subsequent acts of the Principal; provide ered by this bond up to the date of cancel bility of the Surety Company shall in no led hereunder. The sum of this bond shall r the benefit of any aggrieved party for c	and keep harmless the State of Ohio an m the consequence of any and all acts of <b>31, 2024 and will be null and void af</b> e following expressed conditions and lim ving written notice to the Ohio Departme ance with OAC rule 3701-29-03 (C)(6)(d) ds a current and valid registration of the ation bond. Any such cancellation shall id, however, the Surety shall remain liab ellation. event exceed the sum of this bond, rega all be available for payment of violations	d any person who may be done by said Principal. <b>ter that date</b> . hitations: ent of Health ninety ). The Principal shall then cancellation of release the Surety ble for any and all rdless of the number of s for the 2024 registration
Owner/Representative Name (required - print name)       Signature of Owner/Representative (required)         Surety Company Name:	Legal Company Name (i	required – print name)		
Surety Company Name:   Address:   City, State, Zip:   Surety Company Phone:     Surety Company Phone:     Attorney-in Fact Listed on the Power of Attorney (required - print name)     Instructions for preparation:   1. 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.		······································		
Attorney (required - print name)         Instructions for preparation:         1. 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.	Surety Company A City, St	y Name:	Signature of Owner/Representative	(required)
Attorney (required - print name)         Instructions for preparation:         1. 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.				
<ol> <li>Affix Seal of Surety Company</li> <li>Attach corresponding Power-of-Attorney form for Attorney-in-fact</li> <li>Make sure Principal (contractor company representative) signs in appropriate location.</li> </ol>			Attorney-in-Fact or Insurance Agen	t Signature (required)
(Place Bonding Corporation Seal Above)	<ol> <li>Affix Seal of Surety C</li> <li>Attach corresponding</li> <li>Make sure Principal</li> </ol>	Company g Power-of-Attorney form for Attorney-in (contractor company representative) sig	ns	
			(Place Bonding Corpora	tion 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	)	
C <u>ity</u>	State	Z <u>ip Code</u>
Company Owner	Company Representati	ve (if different from Owner)
Company Phone Number	Additional Contact Pho	ne Number
Company Fax Number Compar	ny E-mail	
	·	
Please check all registration categories that apply	to your company's business:	Registration Year:
□ Installer □ Service Provider □ Septage	e Hauler	
Please list the county where the company is locate	ed	