

Registration Number

**Ohio Department of Health  
2016 Annual Private Water Systems Contractor  
Application for Registration**

Company Name

Company Owner

Company Address

PO Box

City

State

Zip

County

Phone

Fax

Company Representative

Company E-mail

**Are you a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran? Yes No**

Were you a registered private water systems contractor in 2015?  Yes  No If no, are you a new registrant?

Are you a homeowner working only on private water systems located on property you own?  Yes  No

If yes, you must file a 2016 Private Water Systems Property Owners Registration.

**Registrant Categories of Work (please check all that apply to your business, must check at least one)**

**Systems on which you work:**

- Wells  Ponds  Springs  Cisterns  Hauled Water Storage Tanks  Public Water Systems under EPA regulation

**Type of Well Drilling method, if you drill wells:**

- Cable Tool  Rotary  Bucket Auger  Point Well  Other: \_\_\_\_\_

**Type of work you do:**

- Construction  Sealing/ Abandonment  Rehabilitation/Disinfection systems  Pump/Distribution systems  
 Water Treatment/Continuous Disinfection systems  Subcontract Drilling services

**Inspection Services**

- Downhole Camera  Private water systems inspections

If you have Downhole Camera equipment, may we list you as a service provider on the ODH web site?  Yes  No

**Contractor Construction Inspection for Registration Year (you must check one)**

\*A contractor inspection is required at least once within the five (5) year registration period of January 1, 2012 through December 31, 2016.

- Construction inspection obtained in 2015 – inspection form enclosed with application

Explanation or comments:

**Liability Insurance**

- Certificate of Liability Insurance – proof of \$500,000 general liability insurance is enclosed with this application.

**Registration/Licensure in Other States**

Do you or your company hold a registration/license regarding private water systems in any other state?

- Yes  No If Yes, please list the state, identifying number, type of registration/license and expiration date of license of registration.

I hereby certify that the information provided is true and accurate.

**Signature of Company Owner or Representative (required):**

\*\*\*\*\* SIGNATURE ALSO REQUIRED ON PAGE 2 \*\*\*\*\*

**The applicant for registration as a private water systems contractor agrees to the following terms and conditions of registration:**

1. I/we, have read and reviewed Chapter 3701-28 of Ohio Administrative Code and understand the provisions contained therein.
2. I/we, the undersigned, hereby agree to comply with the state private water system rules, Chapter 3701-28 of the Ohio Administrative Code.
3. I/we, assert that I/we have adequate experience and knowledge to comply with the requirements Chapter 3701-28 of the Ohio Administrative Code.
4. I/we, assert that I/we are not using this registration application to aid or abet an unregistered person to evade the requirements of registration under section 3701.344 of the Ohio Revised Code, that I/we will not allow this registration to be used by an unregistered person, or am acting as an agent, partner, or associate of an unregistered person with the intent to evade the provisions of Chapter 3701-28 of the Ohio Administrative Code.
5. I/we, also acknowledge that registration may be suspended, revoked or denied for violation of any provisions of these rules.
6. I/we also understand that a registration expires on **December 31** of each year unless earlier revoked or suspended, and that annual application for registration must be made to the Ohio Department of Health.

**This registration expires on December 31, 2016.**

I hereby certify that the information provided is true and accurate.

**Signature of Company Owner or Representative (required):**

**Date:**

**Notice to Applicant – Required Information to Process Your Application**

**All application packets must be mailed with the following documents and funds:**

1. This **Ohio Department of Health 2016 Annual Private Water Systems Contractor Application for Registration** form completely filled out, signed and dated
2. The **original State of Ohio 2016 Registration Bond Private Water Systems Contractor** (see bond instructions/requirements).
3. The **Power of Attorney** associated with the 2016 Registration Bond
4. **Proof of \$500,000 General Liability Insurance**
5. A **\$250.00** registration fee payable by check or money order written to **Treasurer, State of Ohio; OR** A **\$500.00** registration fee payable for registration applications submitted after starting work on a private water system in 2016 as required in Ohio Administrative Code Rule 3701-28-18(B)(1)(a).
6. A copy of a **Private Water Systems Contractor Inspection**, if an inspection was obtained in 2015

NOTE: Incomplete packets will be held and not processed until all required information is

received. **Registration Due Dates: January 1, 2016**

1. All completed application packets must be received by January 1, 2016.
2. Please note that if you were registered for 2015 and your complete application packet is received by January 1, 2016, under the Ohio Administrative Code, you may continue to work until your application is processed.
3. **If your application is not received by January 1, 2016, you must cease all work until a completed application packet is submitted for processing and you receive a renewal letter and contractor card for 2016.**

**Registration Mailing and Contact Information:**

**Mail completed packets to:**

Ohio Department of Health  
BEH Private Water Systems  
P.O. Box 15278  
Columbus, Ohio 43215-0278

**Questions or need forms??**

Contact the Residential Water and  
Sewage Program at (614)644-7558  
or email at [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov)

**Forms, instructions and more information are posted at the program website at:**  
<http://www.odh.ohio.gov/odhprograms/eh/water/PrivateWaterSystems/main.aspx>.