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Ohio Department of Health
2014 Annual Private Water Systems Contractor
Application for Registration

Your Name: [] Company Owner: [Your Company Owner's Name]
 Company Address: [] PO Box: []
 Your Company's Street Address: [] 123
 City: [] State: Ohio Zip: 12345-6789
 Your Company's City: [] Ohio 12345-6789
 County: [] Phone: (123) 456-7890 Fax: (123) 456-7891
 Your Company's County: [] Company E-mail: []
 Your Company's Representative: [] your.company@email.com

Were you a registered private water systems contractor in 2013? 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

Register Categories of Work: Wells Fords Springs Cisterns Hauled Water Storage Tanks

Systems on which you work:
 Wells Fords Springs Cisterns Hauled Water Storage Tanks

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 2013 - inspection form enclosed with application
 Explanation or comments: Previous contractor inspection done in 2012 by ODH

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

Registration/License 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:
 Pennsylvania, #98765, well driller, 12/31/2014

I hereby certify that the information provided is true and accurate.
 Signature of Company Owner or Representative (required):
 Walt R. Wells

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2015 Private Water Systems Contractor Registration CHECKLIST

REQUIRED DOCUMENTS

1. Application for Registration
2. Registration Bond
3. Power-of-Attorney
4. Proof of Insurance
5. Check or Money Order
6. Contractor Inspection

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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, 2014.

I hereby certify that the information provided is true and accurate.
 Signature of Company Owner or Representative (required):
 Walt R. Wells Date: 12/1/2013

Notice to Applicant - Required Information to Process Your Application
 All application packets must be received by the Ohio Department of Health on or before January 1, 2014.

1. This Ohio Department of Health 2014 Annual Private Water Systems Contractor Application for Registration form completely filled out, signed and dated.
2. The original State of Ohio 2014 Registration Bond Private Water Systems Contractor (see bond instructions/requirements).
3. The Power of Attorney associated with the 2014 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 2014 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 2013.

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

Registration Due Date: January 1, 2014

1. All completed application packets must be received by January 1, 2014.
2. Please note that you were registered for 2013 and your complete application packet is received by January 1, 2014, under Ohio Administrative Code you may continue to work until your application is processed.
3. If your application is not received by January 1, 2014, you must cease all work until a completed application packet is submitted for processing and you receive a renewal letter and contractor card for 2014.

Registration Mailing and Contact Information:
 Mail completed packets to: Ohio Department of Health, Residential Water and Sewage Program at (614)644-7558 or email at BEH@odh.ohio.gov
 Questions or need forms?? Contact the Residential Water and Sewage Program at (614)644-7558 or email at BEH@odh.ohio.gov

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

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State of Ohio
2014 Registration Bond
Private Water Systems Contractor

Know all men by these presents, that
 Company or Corporation Name: [Your Company Name]
 Check one: Whether owned by individual partnership corporation
 Cf Address: [Your Company Address]
 As Principal and Surety Company:
 Surety Company Name: []
 I/are authorized to do business in the State of Ohio, as Surety, are bound to an agreed party in the sum of ten thousand (\$10,000) twenty thousand (\$20,000)
 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, assigns, and assigns.
 Bond Effective Date: 01/01/2014
 Whereas, the above Principal has applied to the State of Ohio, as Surety, to engage in and practice the business of a private water systems contractor in the State of Ohio as provided in section 3701.344(B)(3) of the Ohio Revised Code (ORC) and rule 3701-28-18 of the Ohio Administrative Code (OAC), such registration expiring on the 31st day of December, 2014.
 NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above Principal shall observe and comply faithfully with all laws and rules relating to the construction, alteration, repair or abandonment of private water 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 consequences 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, 2014.

Please note, Company Owner and Bond Company signatures required on the reverse side of this form.
 ▶▶ Please see reverse side to complete the form ▶▶

Common Errors Delaying Registration

Missing Company Owner Signatures

Wrong Bond Amount

- Renewing contractors \$10,000 Bond
- New contractors (or renewal after suspension) \$20,000 Bond for first three years

Missing Effective Date for Bond

Missing Surety Agent Signature

Missing Surety Company Seal

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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 3701-28-18(D)(2).
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 ten thousand (\$10,000) or twenty thousand dollars (\$20,000) (check applicable amount) for this bond shall be available for payment of violations for the 2014 registration year.
3. This bond shall be for the benefit of any aggrieved party for losses incurred as a result of a violation of OAC Chapter 3701-28 as provided by OAC 3701-28-18(D)(2).

Company Name: [Your Company Name]
 Signature of Company Owner/Representative (required):
 Walt R. Wells

Surety Company Name: [Your Surety Company Name]
 Surety Company Address: [Your Surety Company Address]
 City: [] State: OH Zip: 12345-6789
 Surety Company Telephone: (123) 456-7890
 Attorney-in-Fact or Insurance Agent Signature (required):
 Agent Signature

(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

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COMPLETED PROOF OF \$500,000 GENERAL LIABILITY INSURANCE (obtained from your company's insurance carrier)

Private Water Systems Contractor Inspection (if obtained in 2014)

Your Surety Bond will have POWER OF ATTORNEY documentation attached to it.

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\$250.00 Check or Money Order [\$500.00 if registering after work on a private water system has begun without a 2015 registration.]

Payable to:
TREASURER, STATE OF OHIO

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If you have questions pertaining to registration, please contact the Residential and Sewage Program at (614) 644-7558 or BEH@odh.ohio.gov.