

**\*INSTRUCTIONS\* TO BONDING COMPANY FOR EXECUTION OF THE  
2015 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 2015 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/STSpages/contrac1.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.

**Completing the Form**

The bond form may be used in two ways. You may print the blank form using the print function on your computer 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 form" button on page 2 of the form.

1. Fill in the bond number on the line provided in the upper left-hand corner of the bond form, and the contractor's assigned Local Health District registration number, if applicable, in the upper right-hand corner of the bond form.
2. Fill in the name and address of the company applying for the registration bond on the first and second 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 third line.
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. Next to Bond Effective Date, fill in the date the bond becomes effective on the line provided.
6. Provide the proper information and signatures on the reverse side (page 2) 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 on page 2 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-Authority form for the Attorney-in-Fact.
11. Mail the complete bond packet by enclosing the 1) completed **2015 Registration Bond** and its associated 2) **Power of Attorney**, 3) **proof of General Liability Insurance** (no less than \$500,000 coverage), and 4) the **Sewage Contractor Contact Information Form**.

**Mail Bond Packets to:**

Ohio Department of Health  
BEH Residential Sewage  
P.O. Box 15278  
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](mailto:BEH@odh.ohio.gov)