

Ohio Department of Health
2021 Annual Private Water Systems Contractor
Application for Registration

Registration Number

Is the Company Owner a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran? Yes No If yes, see the information on the next page.

COMPLETE THIS DOCUMENT BASED ON THE INSTRUCTIONS PROVIDED FOR THE TYPE OF REGISTRATION YOU ARE APPLYING FOR. This application must be accompanied by all required documents as listed on the next page.

Contractor Name (name you are registering as)

Contractor Address

PO Box

City

State

Zip

County

Phone

Fax

Contact Person

E-mail

An application with inaccurate or incomplete information will not be accepted until corrections are made.

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 EPA Public Water Systems

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

Inspection Services

- Downhole Camera Evaluations Private water systems inspections

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.

I hereby certify that I have read the terms and conditions and the information provided is true and accurate.

Signature of Owner or Representative (required):

Date:

Printed Name of Owner or Representative (required)

Notice to Applicant – Required Information to Process Your Application

Follow the Registration Guides provided based on the business type you are filing as:

- A. Individual
- B. Individual with DBA or Doing Business As (Fictitious or Trade Name)
- C. Corporation
- D. Corporation with DBA (Fictitious or Trade Name)
- E. Out of State Corporation

All applications must be mailed with the following documents and funds:

1. This **Ohio Department of Health 2021 Annual Private Water Systems Contractor Application for Registration form** completely filled out, signed and dated;
2. **Ohio Secretary of State Business Filing certificates**, or **State-issued Identification card** if you do not have an active business or name filing with the Ohio Secretary of State;
 - a. Copies of all current Ohio Secretary of State certificates for company business filing, fictitious name registration, and/or trade name registration (as applicable) if there is an active business filing with the Ohio Secretary of State;
 - b. Copy of the State-issued driver's license or State identification card if you do not have an active business or name filing with the Ohio Secretary of State;
3. Proof of service member or veteran status, as applicable;
The acceptable proof of service member/veteran status documents are: Department of Defense identification card (active, retired, temporary disability retirement list (TDRL)); DD214 military discharge certificate indicating disposition of discharge; Report of separation from the national archives national personnel records center in St. Louis, Missouri; or Veterans identification card from the Department of Veteran's Affairs. All acceptable proof documents, except veteran's identification card, must show the veteran status as honorable, general, general under honorable conditions, or discharged or released under conditions other than dishonorable;
4. The **original State of Ohio 2021 Registration Bond Private Water Systems Contractor** (see bond instructions/requirements);
5. The **Power of Attorney** associated with the 2021 Registration Bond;
6. **Proof of \$500,000 General Liability Insurance**;
7. 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 2021 as required in Ohio Administrative Code Rule 3701-28-18(B)(1)(a).
8. The **Continuing Education Reporting Form** must be completed and submitted with the application packet.

Registration is due by December 31, 2020

Incomplete applications will not be processed until all required information is received.

Registration Mailing and Contact Information:

Mail completed packets to:

Ohio Department of Health
BEHRP 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

Forms, instructions and more information is posted on the program website at:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/private-water-systems-program/info-for-contractors/>.