

**ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON STREET
JEFFERSON, OHIO 44047
440-576-6010**

TO: Registered, Sewage Disposal System Installers
FROM: Ashtabula County Health Department
RE: Renewal of Sewage Disposal System Installers License

This is to remind you that your license to install sewage disposal systems expires at the end of the year.

If you intend to continue in the business of installing sewage disposal systems during the coming year, **please complete the application enclosed and return it to this office with your check for \$150.00 and verification that your bond has been renewed or a new bond form completed.**

The minimum Sewage Disposal System Installers Bond in the Ashtabula County Health District is \$25,000. You will need to submit an Installers Bond of at least \$25,000 that provides coverage from January 1, 2008 through December 31, 2008.

Should you have any further questions pertaining to this matter, please contact our office.

MAKE CHECK PAYABLE TO: ASHTABULA COUNTY HEALTH DEPARTMENT

**ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON STREET
JEFFERSON, OHIO 44047
PHONE: 440-576-6010**

**APPLICATION FOR A REGISTRATION TO
INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS**

Application is hereby made to the Ashtabula County Health Department, Jefferson, Ohio, for a registration to install private sewage treatment systems in the Ashtabula County General Health District, in compliance with the Regulations of the Ashtabula County Board of Health.

The applicant hereby agrees to adhere to all the regulations of the Board of Health relating to the installation of private sewage treatment systems and understands that any violation of these regulations is sufficient cause for revocation of the registration and prosecution, as provided by law.

The applicant also agrees to refrain from installing or doing any part of the work of any installation unless an installation permit has first been obtained.

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____

PRINT APPLICANT'S NAME: _____

DATE: _____

OFFICE USE ONLY

Date: _____

Registration No.: _____

Receipt No.: _____

Check No.: _____

BOND

No. _____

KNOW ALL MEN BY THESE PRESENTS, That we _____

as principal, and _____ as sureties are held and firmly bound unto the County of Ashtabula, State of Ohio, or any person, in the sum of **Twenty Five Thousand Dollars (\$25,000)**, the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, and administrators.

WITNESS our hands this _____ day of _____

two thousand and _____

THE CONDITIONS OF THIS OBLIGATION ARE SUCH that whereas _____

has this day been licensed by the Board of Health, of Ashtabula County General Health District of Ohio, to install sewage disposal systems in the said Health District, for the term of ONE (1) YEAR commencing on the first day of January, 20_____ and ending on December 31, 20_____.

NOW, if the said _____ shall well and faithfully indemnify and save harmless the said Ashtabula County or any person from all loss and damages that may be occasioned in any wise by accident, caused by the want of care, skill, or attention on his part or on the part of his agents in the prosecution, protection, or completion of such work, or that may be occasioned by reason of any opening by him made, or cause to be made, or the placing of any material in any street or public highway, in the making of any connection with any water pipe or sewer drain as aforesaid; and also that he will promptly, at the proper time, replace or restore or cause to be replaced or restored the street and pavement over such opening the same, or pay the said Ashtabula County or any person for having the same replaced and restored, as the case may be, and if he will promptly, at the proper time, make repairs to any sewage disposal system installed under this license by him or by his agents that shall fail to drain properly or in any way fail to work or properly function by reason of improper installation procedures or defective materials within one year of the said installation, and if he will conform in all respects to the rules and regulations which may, from time to time, be established by said Board of Health of the Ashtabula County General Health District, then this obligation shall be void, otherwise it shall be and remain in full force and virtue. In no event shall the aggregate liability of the surety to all claimants exceed the amount stated above.

BY: _____ (SEAL) Principal

Residence _____

_____ (SEAL) Surety (SEAL)

BY: _____ Principal

Residence _____