

INDIVIDUAL

(using only your name for registration)

Private Water Systems Registration

WHAT IS NEEDED FOR REGISTRATION?

A copy of your **STATE-ISSUED IDENTIFICATION CARD** (for example: your Driver's License).

1. A completed **APPLICATION**
 - a. The Contractor Name must match the name on the State-issued Identification Card exactly.
2. A complete **REGISTRATION BOND** with the Contractor Name matching the name on the State-issued Identification Card exactly.
 - a. Send the original registration bond with the Contractor Owner's Signature or Representative, Attorney-in-Fact or Insurance Agent's signature, and the Surety Company's Corporate Seal.
3. A complete **CERTIFICATE OF LIABILITY INSURANCE** with the insured name matching the name on the State-issued Identification Card.
 - a. The Certificate of Liability Insurance must show that the insured has a minimum of \$500,000 general liability coverage.
4. **REGISTRATION FEE** of \$250.
 - a. A \$500.00 registration fee is required for registration applications IF submitted after starting work on a private water system in 2023 prior to being registered.

EXAMPLE:

State-issued Identification Card

John Doe is registering under his own name, John R. Doe, as shown on the State-issued Identification Card.



Application

John must complete the application. First, fill out the top portion of the application with the name you are registering as.

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)

John R. Doe

Contractor Address

123 Any

PO Box

City

Columbus

State

OH

Zip

43215

County

Franklin

Phone

(555) 000-0000

Fax

(555) 000-0001

Contact Person

John R. Doe

E-mail

johnrdoe@anyemail.com

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

Second, check the boxes of all the type of work you perform as a Private Water Systems Contractor.

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: _____

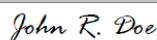
Type of work you do:

☒ Construction ☒ Sealing/ Abandonment ☒ Rehabilitation/Disinfection systems ☒ Pump/Distribution systems
☒ Water Treatment/Continuous Disinfection systems

Inspection Services

☐ Downhole Camera Evaluations ☐ Private water systems inspections

Finally, read the Terms and Conditions of Registration, then sign and date the bottom of the application. Also, print your name under the signature.

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:
	11/1/2019
Printed Name of Owner or Representative (required)	
John R. Doe	

Registration Bond

John Doe must work with a Surety Company or Insurance Agent to get a **Registration Bond**. The Contractor Name must match the name on the State-issued Identification Card.

The Registration Bond must be for the amount of

- \$20,000** for each **NEW** contractor's registration year for the first 3 years of registration. Contractors who have had their registration suspended or have allowed their registration to lapse for greater than twelve months are also required to submit a \$20,000 bond for 3 years
- \$10,000** for each **RENEWING** contractor registration year after the initial 3 consecutive years of registration. The registration may not lapse for a period greater than twelve (12) months, otherwise, the registrant is considered a new registrant and must obtain a bond as required in paragraph 1.

009999

Registration Number

State of Ohio

2020 Registration Bond for Private Water Systems Contractors

????-???-???

Bond Number

Owned By

(Check one)

- ☒ Individual
☐ Partnership
☐ Corporation

CONTRACTOR NAME: JOHN R. DOE

MAILING ADDRESS: 123 ANY

MAILING ADDRESS 2:

CITY, STATE, ZIP: COLUMBUS, OH 43215

As Principal, and Surety Company ANY SURETY COMPANY

is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

☐ ten thousand dollars (\$10,000) ☒ twenty thousand dollars (\$20,000)

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

Bond Effective Date: JANUARY 1, 2020

The bond must be signed by John Doe since he is the company owner and the Attorney-in-Fact or Insurance Agent. Both names must also be printed beside the signature. The Surety Company Corporate Seal must be placed in the box provided below the signature boxes.

JOHN R. DOE Contractor Name (required – print name)	
John R. Doe Owner/Representative Name (required - print name)	 Signature of Owner/Representative (required)
Surety Company Name: ANY SURETY COMPANY	
Address: 987 ANY STREET, SUITE ABC	
City, State, Zip: COLUMBUS, OH 43215	
Surety Company Phone: 555-999-9999	
Attorney N. Fact Attorney-in Fact or Insurance Agent Name (required - print name)	
 Attorney-in-Fact or Insurance Agent Signature (required)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Instructions for preparation:</p> <ol style="list-style-type: none"> 1. Impress/affix Seal of Surety Company 2. Attach corresponding Power-of-Attorney form for Attorney-in-fact 3. Make sure Principal (contractor company representative) signs in appropriate location. </div> <div style="width: 50%; text-align: center;"> (Place Bonding Corporation Seal Above) </div> </div>	

Only the **REGISTRATION BOND** with the original signatures and seal will be accepted. All **REGISTRATION BONDS** must be accompanied by the **POWER OF ATTORNEY**.

Cerification of Liability Insurance

John Doe must work with the Insurance Agent to obtain a copy of a **Certificate of Liability Insurance** showing that he has the required general liability coverage (minimum \$500,000). The name in the insured box should only be the Contractor name being registered and must match the name on the State-issued Identification Card.

INSURED	INSUR
John R. Doe 123 Any Columbus, OH 43215	INSUR
	INSUR
	INSUR
	INSUR
	INSUR
	INSUR

P	(r)	LIMITS
		EACH OCCURRENCE
		DAMAGE TO RENTED PREMISES (Ea occurrence)
		MED EXP (Any one person)
		PERSONAL & ADV INJURY
		GENERAL AGGREGATE
		PRODUCTS - COMP/OP AGG
		COMBINED SINGLE LIMIT (Ea accident)

If you have any questions about the Registration?

Contact the Private Water Systems Program Staff at the Ohio Department of Health at (614) 644-7558.

Sending the Registration Packet to the Ohio Department of Health

1. Make sure that ALL of your forms are complete and have all required signatures.
2. Make copies for your own records.
3. Send all of the required forms and documents with the **Registration Fee** to the following address.

**Ohio Department of Health
BEHRP/Private Water Systems Program
P.O. Box 15278
Columbus, OH 43215-0278**