



4800 Ledgewood Drive, Medina, Ohio 44256

Daniel J. Raub, DO, MA, FACOFP
Health Commissioner

330-723-9688

888-723-9688

www.medinahealth.org

NOTICE

TO: Sewage System Installers Registered in Medina County

SUBJECT: 2012 Registration Renewal

DATE: November 15, 2011

Enclosed is the registration renewal application and bond form for your 2012 registration. For your renewal, you will need to complete and submit the following to this office before January 1, 2012, or prior to performing work in 2012 on sewage systems in Medina County:

1. The enclosed application (please make any changes to the form, date, and sign it, and add your email address if you have one);
2. The enclosed **MEDINA COUNTY HEALTH DEPARTMENT** bond agreement. **Please do not use previous years' forms;**
3. Proof that the bond has been issued by the surety company in at least a \$25,000.00 amount, such as but not limited to, the bond number and corporate seal of the surety company shown on the bond agreement form.
4. The \$100.00 registration fee.

Please note that the Medina County Health Department no longer has a post office box. All mail should be directed to our street address: 4800 Ledgewood Drive, Medina, Ohio 44256.

For your convenience, the Medina County Health Department accepts **VISA** and **MASTERCARD**. Please feel free to contact this office weekdays between 8:00 a.m. and 4:30 p.m. if you have any questions, or visit our website at www.medinahealth.org.

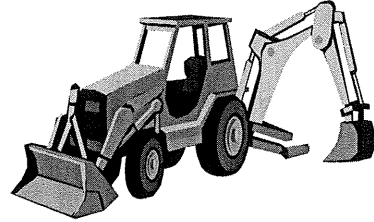
Sincerely,

Stephen M. Mazak, R.S., Coordinator
Sewage, Water, and Plumbing Programs

SMM/lis

Enclosures: Registration Application Form
2012 Bond Form

Administration	Dental	Environmental	Nursing	WIC
330-723-9511	330-725-8794	330-723-9523	330-723-9688	330-723-9629
330-723-9659 fax	330-723-9674 fax	330-723-9650 fax	330-723-9697 fax	330-723-9630 fax



MEDINA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL DIVISION

4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256

(330) 723-9523 * TOLL FREE (888) 723-9688 * FAX (330) 723-9650

www.medinahealth.org

**2012 REGISTRATION APPLICATION for
INSTALLERS OF HOUSEHOLD SEWAGE TREATMENT SYSTEMS**

Registration shall be completed annually before January 1, or before working on or installing any household sewage treatment system in any given year. The fee and required bond must be submitted ANNUALLY with the application. VISA and MasterCard are accepted.

INSTALLER:

OWNER NAME:

ADDRESS:

ZIP:

EMAIL:

TELEPHONE:

HOME:

CELLULAR:

FAX:

List of the names of employees that may work or obtain permits under this registration:

I understand that I must comply with all applicable requirements in Chapter 29, Medina County Sanitary Code. Failure to comply may result in the suspension or revocation of my registration.

Signature: _____

Date: _____

*****HEALTH DEPARTMENT USE ONLY*****

DATE APPLICATION RECEIVED: _____

RECEIPT NUMBER: _____

CLERK: _____



MEDINA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256
(330)723-9523 Toll Free (888) 723-9688 FAX (330) 723-9650
www.medinahealth.org

HOUSEHOLD SEWAGE INSTALLATION BOND

BOND #

KNOW ALL MEN BY THESE PRESENT,

That we, the undersigned _____ as
Principal, and _____ as Surety,
are hereby held and firmly bound unto the Medina County Health Department as Obligees in the
penal sum of Twenty-Five Thousand Dollars (\$25,000.00) for the payment of the penal sum set
forth above, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs,
executors, administrators, successors and assigns.

Signed this _____ day of _____, _____.

The condition of the obligation above is such that whereas the above named Principal has made
application to the Medina County Health Department for a license to carry on a business as a
registered household sewage disposal system installer in the County of Medina, State of Ohio, for
the year, **2012**, the provisions of such registration requiring that the Principal and all agents and
employees representing the Principal do faithfully abide by the provisions of Chapter 29 of the
Medina County Sanitary Code and all acts amendatory of it and supplementary to it now and
subsequently enacted, in the installation of household sewage disposal systems.

Now if the said Principal shall well and faithfully do and perform all household sewage disposal
system installations pursuant to Chapter 29 of the Medina County Sanitary Code, as required by
his registration to be done and performed, and shall pay all lawful claims of the Medina County
Health Department that may become due and owing to the District by virtue of the provisions of
Chapter 29 of the Medina County Sanitary Code or any violations thereof, and shall further pay all
lawful claims of persons for whom it has undertaken the installation of a household sewage
disposal system, based on said registration, and failed to properly install such pursuant to
Chapter 29 of the Medina County Sanitary Code, the undersigned agreeing and assenting that
this undertaking shall be for the benefit of any person or persons for whom the Principal
undertakes the installation of a household sewage disposal system as well as the Obligees herein,
then this obligation shall be void. Otherwise, the same shall remain in full force and effect, being
expressly understood and agreed that the liability of the Surety for any and all claims hereunder
shall in no event exceed the penal amount of this obligation as herein stated, Twenty-Five
Thousand Dollars (\$25,000.00).

This bond is further subject to the specific provisions set forth hereafter:

- a) Any person who sustains an injury covered by this bond may, in addition to any other remedy that he or she may have, bring an action in his or her own name on this bond for the recovery of any damages sustained by such person; provided, however, that no such action may be brought after the expiration of two (2) years from and after the date the act or default complained of may have occurred.
- b) The total aggregate liability of the Surety shall be no more than Twenty-Five Thousand Dollars (\$25,000.00).
- c) The Surety may cancel this bond and be relieved of further liability under this bond by delivering thirty (30) days written notice to the Medina County Health Department; however, such cancellation will not affect any liability incurred or accrued under this bond prior to the termination of the thirty (30) day period.
- d) In the event either the Principal or the Surety under this bond is served with notice of any action commenced against the Principal or Surety under the bond, the Principal and Surety as each is served with notice of action must respectively and immediately give written notice of the filing of the action to the Medina County Health Department.

This bond is effective on _____ / / _____, and will expire on _____ **12/31/2012** _____.

IN WITNESS WHEREOF, the parties have executed this instrument at the offices of the Medina County Health Department, 4800 Ledgewood Drive, Medina, Ohio on _____.

Signature of Principal/Installer

Date

Surety/Insurance Company Attorney-in-Fact

Date

ACCEPTANCE

Signature of Health Commissioner or designated representative

Date