

TO BE REGISTERED WITH HANCOCK PUBLIC HEALTH WE MUST HAVE:

PLUMBING CONTRACTOR:

- COMPLETED/SIGNED APPLICATION
- CORRECT FEE \$250.00
- COPY OF STATE CERTIFICATE(S)
- ALL COMPANIES MUST HAVE A
NEW BOND MADE OUT TO
HANCOCK PUBLIC HEALTH**
- PROOF OF LIABILITY INSURANCE

BACKFLOW CONTRACTOR:

- COMPLETED/SIGNED APPLICATION
- CORRECT FEE \$250.00
- COPY OF STATE CERTIFICATE(S)
- PROOF OF LIABILITY INSURANCE



Hancock Public Health



Nursing & Vital Statistics
1644 Tiffin Ave.
Findlay, Ohio 45840
Ph. 419-424-7105
Fax 419-424-7189

Environmental Health & Plumbing
7748 CR 140
Findlay, Ohio 45840
Ph. 419-424-7870
Fax 419-424-7872

Public Health
Prevent. Promote. Protect.

APPLICATION FOR REGISTRATION OF PLUMBING AND/OR BACKFLOW CONTRACTOR

Please check the categories for which you will be making application:

PLUMBING

BACKFLOW

PLUMBING & BACKFLOW

Business Name:			
Applicant:			
Address:	City	State	Zip Code
Phone:	Cell Phone:		
Fax:			
E-mail:			

Plumbing Contractor State Certificate Registration # _____

State Certified Backflow Tester Certificate # _____ Expiration Date _____

Backflow Contractors check this box stating you have read the enclosed Hancock Public Health backflow information sheet.

I agree to comply with the provisions set forth in *Chapter 4101:2-51 and 3745-95 Ohio Administrative Code, 3703.03 and 6109.13 Ohio Revised Code, and City of Findlay Water Regulations, Section VIII*, and that I will assist to the best of my ability in its enforcement in such buildings as are designated therein. I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____
(Owner/Agent)

OFFICE USE ONLY

PRIOR TO ISSUING REGISTRATION OUR OFFICE MUST HAVE THE FOLLOWING:

Bond
Amount Paid _____

Certificate of Liability

State Certificate

APPLICATION FOR REGISTRATION

HANCOCK PUBLIC HEALTH

The undersigned hereby makes application to be registered as a:

Installer, Apprentice, Journeyman, and/or Backflow Tester

Please include with registration:

***Certificate for State Certified Backflow Testers**

PLEASE PRINT

Business Name: _____

1. Name of applicant _____

Apprentice Journeyman Installer Backflow Tester
State Certificate # _____

2. Name of applicant _____

Apprentice Journeyman Installer Backflow Tester
State Certificate # _____

3. Name of applicant _____

Apprentice Journeyman Installer Backflow Tester
State Certificate # _____

4. Name of applicant _____

Apprentice Journeyman Installer Backflow Tester
State Certificate # _____

HANCOCK PUBLIC HEALTH BACKFLOW INFORMATION

1. **Backflow test have an administrative test fee of \$20 per test.** Backflow test fees are to be paid by the company of the backflow tester.
Please make checks payable to: Hancock Public Health.
2. All active water accounts, commercial or lawn irrigation need annual backflow testing.
3. In Hancock County, backflow testers and their company need to register at our office each year.
4. Backflow test forms are mailed directly to the Findlay City water customer for the month of their annual test. When you schedule, ask your customer for our printed test forms they received in the mail. These forms list the location of each device and list how many devices are at the site. This makes it easier for you as the tester to find all devices for testing.
Hancock Public Health test forms must be used
5. New backflow device installations (not replacements) need to be filed on a plumbing permit by a registered plumbing contractor (forms available on our website).
6. Blank backflow test forms and registration information are available on our website www.HancockPublicHealth.com.
7. The original completed backflow tests with customer signatures, telephone #, and COMMENTS: is there a floor drain nearby? CIRCLE: YES NO are to be submitted with payment of \$ 20 per test form.
8. Please verify with customer if they have any fire line devices that need tested. If you are not state certified to test on fire lines, please let the customer know. This creates a problem when the customer thinks you have done all of their annual backflow testing, then finds out they have to call another company to do the tests on their fire line.
9. Original tests when completed are to be submitted to Hancock Public Health 60 days from due date. **Delinquent backflow tests:** will be turned over to the City Water Dept to process for water shut off.
Call our office (419-424-7870) if you test any delinquent backflow devices to prevent this customer's water being turned off.
10. Please mark any changes on the backflow test form when you find differences from our printed form. Please add any information about the device and exact location.
11. If you have any questions, please call or stop by our office and we can verify account information.

INSTRUCTIONS FOR PREPARATION

- 1. If principal is a business firm, indicate where principal signs whether business is a corporation, partnership or individual.
- 2. Seal of surety should be impressed on bond.
- 3. Attach Power of Attorney for Surety Agent.

Plumbing Installations or Alteration Bond

KNOW ALL MEN BY THESE PRESENTS, THAT WE _____

_____ as Principal, and _____ as Surety, are held and firmly bound unto the Hancock County Combined General Health District Board of Health of the Hancock Public Health District, in the penal sum of Ten Thousand Dollars (\$10,000) lawful money of the United States, for the payment of which will well and truly be made, we bind ourselves, our heirs, executors and administrators jointly and severally, firmly by these presents.

Sealed with our seals, this _____ day of _____ A.D. 20 _____.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH: That, whereas, the above bound _____ did on the _____ day of _____, 20_____ obtain from the Board of Health of said Board of Health, a certificate of Registration to install or alter plumbing within and for said Board of Health in said Hancock Public Health District.

NOW, THEREFORE, if the said _____ shall at all times and in all respects, carefully and truly observe the **plumbing regulations** which have been or shall here-after be established by the Board of Health of said Board of Health, and/or provisions duly established by regulations which have been or which shall hereafter be passed by the Board of Health of the Hancock Public Health District respecting construction and alteration of **all plumbing systems** in said Hancock Public Health District and the conditions of said **registration**, and shall indemnify and save harmless any governmental agency or subdivision or any member of the public for all actual damage caused by any act or omission by such registered plumbing installer of any plumbing system, his agents or employees, to any property which a governmental agency or sub-division or any member of the public may own or for which it may be responsible and to hold any governmental agency or sub-division or any members of the public free and harmless from all claims to damages caused by negligence or misfeasance of registered plumber installing or altering plumbing from all cost and expenses growing out of the defense of such claims, then this bond shall be void, other-wise it shall remain in full force and effect.

This bond shall be in force for a period beginning with the date of registration to install or alter plumbing within the Hancock Public Health District and ending on the last day of May next following, but this bond may be extended by continuation or extension certificate signed by the Principal and Surety to cover renewal registration certificate.

Notwithstanding the above stated conditions for termination, extension, or continuance of this bond the Surety Company may, for just and/or due cause, cancel this bond upon thirty (30) days written notice to the Principal and the Hancock County Combined General Health District Board of Health of such intention to cancel this bond.

IN WITNESS THEREOF, the Principal herein named has hereunto affixed his hand and seal and the Surety herein has caused this bond to be signed by its officers proper for the purpose and its corporate seal affixed and justification of power of attorney herewith attached the day and date first above written.

Witness to Signature of Principal

Principal

Surety

By _____
Authorized Agent and Attorney in Fact