



Ripley County Health Department
102 West First North Street/PO Box 745
Versailles, IN 47042
(P) 812-689-5751 (F) 812-689-3909
<http://www.ripleyhealth.com>

Contractor Registration Application for Year _____

Any Persons/Business/Firms/Contractors making application to have their name placed on the contractor registry shall post a Surety Bond with the Ripley County Board of Health in the penal sum of **not less than twenty thousand dollars (\$20,000.00)** in favor of the Ripley County Board of Health conditioned upon registrant's faithful compliance with this ordinance. Any Persons/Business/Firms/Contractors making application must provide **Proof of Liability Insurance with a minimum limit of five hundred thousand dollars (\$500,000)**. Both Surety Bond and Liability Insurance must remain in good standing for the duration of the year to remain an installer for the Ripley County Health Department. The fee to register as a Registered Installer for Ripley County is **\$50.00**. To remain in good standing and compliance with the Ripley County Health Department all registration information, fees, documentation of current surety bond and proof of insurance must be provided annually. This registration is valid through December 31st of the Application Year.

Onsite Sewage permits will only be issued when all documentation has been submitted and approved by the Ripley County Health Department. When all documentation is submitted, approval or denial of plans will be determined within 30 days of being received. All onsite sewage system installations will require you to notify the Ripley County Health Department for a final inspection no less than 2 Business days prior to desired installation date. The Ripley County Health Department Business hours are Monday - Friday 8am to 4pm, all requests must be made during business hours. Failure to comply with any of the for mentioned guidelines will result in a noncompliance status with the Ripley County Health Department thus potentially having your registration revoked.

I hereby certify that I understand Ripley County On-Site Sewage Disposal System Ordinance and **Rule 410 IAC 6-8.3** of the Indiana State Department of Health and that I will comply with all rules and provisions therein.

I hereby make application to have my name placed on the contractor registry list for Ripley County.

NAME _____ DATE _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ FAX _____

BUSINESS NAME _____

Submitted Herewith is the required registration fee of fifty dollars **(\$50.00)** paid in the form of

CHECK _____ CASH _____ OTHER _____ DATE _____ REC # _____

APPLICANTS SIGNATURE _____ **DATE** _____