



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 **five thousand dollars (\$5,000.00)** in favor of the Ripley County Board of Health conditioned upon registrant's faithful compliance with this ordinance. The fee to register with Ripley County Health Department is **\$50.00**.

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 \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

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

CHECK \_\_\_\_\_ CASH \_\_\_\_\_ OTHER \_\_\_\_\_

**APPLICANTS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_