



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 ten thousand dollars (\$10,000.00)** 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**. To remain in good standing and compliance with the Ripley County Health Department all registration information, fees, and documentation of current surety bond policies must be provided annually. All onsite sewage system installations will require you to notify the Ripley County Health Department for a final inspection. If a final inspection cannot be performed at that time all documentation requested from the Ripley County Health Department must be submitted within in the timeframe provided. Failure to comply with any of the following guidelines listed would 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 _____ 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** _____