



MARION PUBLIC HEALTH

181 S. Main Street
Marion, Ohio 43302

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W: marionpublichealth.org
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Making Marion a healthier place to live, work, and play

IMPORTANT NOTICE!

DATE: November 10, 2016
TO: Solid Waste Haulers
FROM: Marion Public Health
RE: **2017 Inspection Application**

Enclosed is your application for the 2017 operating year. Fill out completely and return along with the appropriate fee. The inspection fee will be \$100.00 plus \$25.00 for each truck. We will need this in our office, or postmarked, no later than **December 31, 2016**. If the application is received on or after January 1, 2017 a 25% surcharge (penalty) will be applied to the total fee.

BEFORE Marion Public Health will issue your approval for the 2017 operating year, we will need to have the completed application with fee and surety bond (check payable to Marion Public Health) and an inspection will need to be scheduled and each vehicle(s) approved for operation prior to any hauling of solid waste in 2017.

Inspections of your vehicles will be scheduled upon receipt of the completed application with fee. NO validation sticker will be issued until the inspection is done and the vehicle is approved. ALL vehicles must be identified with the company name and phone number on both sides of the vehicle with at least 4" high letters and numbers.

PLEASE NOTE Marion Public Health is asking that you submit a rough map of the areas of the district where you provide service.

Solid waste haulers must have containers or bodies that are leak proof and easy to clean. Open trucks will need to show that they have made their bed and sides leak proof, and show us a suitable cover for the truck bed. Any vehicle that has obvious mechanical or safety problems may be required to show that they can meet an OSP safety inspection prior to the registration approval.

If you have any questions on the Solid Waste Hauler Program Rules, the inspection process, or to schedule an appointment for vehicle inspection, please contact me at 740-692-9116.

Sincerely,

Madison Shuret, SIT
Environmental Sanitarian
Marion Public Health

Encl. Inspection Application and Bond Form



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SOLID WASTE HAULER REGISTRATION

Company: _____

Address: _____

Phone: _____

Owner/Operator _____

Address _____

Disposal/Landfill Site (s) _____

Transfer Point (s) _____

EQUIPMENT USED FOR OPERATION

	MAKE/MODEL	TYPE	LICENSE PLATE #
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____
Vehicle #3	_____	_____	_____

Note: Provide any additional trucks' information on reverse page as needed.

Application fee for 2017 is **\$100.00** plus **\$25.00 for each vehicle** used in the operation and is due by December 31, 2016. In order to register for the 2017 registration year; you must submit a copy of your \$10,000 bond **before** Marion Public Health will issue your registration. Each truck must be inspected before they can operate in 2017. Contact Madison Shuret at 740-692-9116 to set up an inspection date and time.

The validation sticker issued for the 2017 year shall be placed on the lower left-hand inside corner of the windshield.

I/We hereby agree, if this application is approved, to abide by all laws and regulations governing refuse collection and transportation. I am familiar with Marion Public Health Solid Waste Hauler regulations.

Signed: _____ Date _____

MPH OFFICE USE ONLY

Fee Charged: _____ Date Permit Issued: _____ Approved by: _____

SURETY BOND

Bond #

KNOWN ALL MEN BY THESE PRESENT, That _____
DBA _____ whose address is _____
_____ as Principal, and
_____, whose address is _____
_____ as Surety, a corporation duly
authorized to transact the business of Suretyship and Bonding in the State of Ohio, that we are
held and firmly bound unto THE BOARD OF HEALTH OF MARION COUNTY, OHIO and
MARION PUBLIC HEALTH as Obligee, in the penal sum of TEN THOUSAND AND
NO/100 Dollars (**\$10,000.00**) for the payment of which well and truly to be made, we bind
ourselves, our heirs, executors, administrators, successors and/or assigns, jointly and severally,
firmly by these presents.

WHEREAS, the above Principal has or is about to apply to operate as a service provider to said
Obligee as: **Solid Waste Hauler** for the term commencing **January 1, 2017 and ending
December 31, 2017**; pursuant to the Rules and Regulations of **MARION PUBLIC HEALTH**
as a Solid Waste Hauler in Marion County.

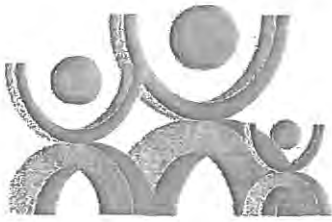
NOW THEREFORE, if said principal shall well and truly, comply with and faithfully discharge
his duties according to the terms of said Rules and Regulations relating to the issuance approval
to operate, and fully indemnify and safe harmless the Obligee, and any person or persons injured
or damaged by failure of said contractor to comply with the terms of said Rules and Regulations
and with the terms of the laws of the State of Ohio; then this obligation shall be void, otherwise
to be and remain in full force and effect.

Signed and acknowledged this _____ day of _____, 201__.

PRINCIPAL:

SURETY:

By: _____



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Checklist for HSTS Installer, Hauler & Provider Renewals - SOP

	Checked	Initial Completed
1. Receipt Payment (Verify Correct Amount)	_____	_____
2. Verify Paperwork:		
A. Registration Application (Signed)	_____	_____
B. Proof of Passing the Testing Requirements	_____	_____
C. Proof of compliance with any system specific training, qualification or certification required as a condition of a system's approval by director.	_____	_____
D. Proof of General Liability Insurance of not less than \$500,000.	_____	_____
E. Beginning of 2016 Registration only – Proof of completion of six (6) continuing education hours during the previous calendar year.	_____	_____
F. A copy of the Surety Bond.	_____	_____
G. Any outstanding forms, permits, plans, service records or other documentation requested.	_____	_____
H. Any other required information from Marion Public Health.	_____	_____
3. Documents submitted to HSTS Sanitarian for approval.	_____	_____
4. Registration Mailed _____	_____	_____