

# Carroll County Environmental Services Drain Layer Qualifications and Regulations

## Qualifications

1. Shall annually submit:
  - A. Enclosed documentation.
  - B. Emergency Phone Number List.
  - C. A list of municipalities in which he has worked during the past two years, including individual references.
  - D. A list of the following:
    - Equipment Owned
    - Excavator
    - “Normal W2 Employees” (especially Foremen)
2. Shall pay the current license fee—*all licenses expire on December 31<sup>st</sup> of each year.*
3. Shall file a bond in the amount of \$20,000 from a Surety licensed to do business in the State of Ohio, to the approval of the BTM Sewer District, conditioned upon the faithful prosecution of the work undertaken as provided by the BTM Sewer District Rules and Regulations and the Specification of the BTM Sewer District as adopted by the Commissioners, and upon indemnifying and saving harmless the County and the District from all loss or damage occasioned by the performance of the work undertaken. The licensee agrees that fifteen (15) days prior to the cancellation or loss of bonding Surety Company that the Authority will be notified in writing by certified mail.
4. Shall submit a current Workers Compensation certificate and that he has public liability, property damage and automobile insurance covering any and all claims for damages for personal injury, including accidental death as well as from claims for property damages. Insurance shall be in an amount not less than \$500,000 for injuries including accidental death to any one person and subject to the same limit for each person, in an amount not less than \$500,000 in one accident and property damage insurance with limits of \$200,000 aggregate for any such damage sustained by two or more persons in any one accident.

The company agrees that prior to the cancellation or reduction of the insurance afforded by this policy with respect to the work performed as a sewer builder, licensed by BTM, written notice of such cancellation or reduction will be mailed to the Superintendent of Sewerage at least fifteen (15) days prior to cancellation by certified mail.

5. The Company name shall appear on the license.

### **Inspection**

1. A minimum of forty-eight (48) hours notice must be given the BTM Sewer District Inspection Department before any construction work requiring inspection is started. If a forty-eight (48) hour notice is not given to the Department, inspection may not be scheduled. This notice shall state the permit number, street, sub-lot number and anticipated construction time required for the inspection requested. The sewer builder shall immediately inform the Superintendent of any unforeseen delays or postponements prior to 8:15 A.M. of the day for which inspection was arranged. No work shall be performed without the inspector being present.
2. All work shall be done in the presence of an authorized inspector representing the Authority.

### **Permits**

1. The sewer builder or the owner shall make written application for each permit. This application shall contain the name and address of the owner, the name of the sewer builder, the location of the property (street and address, allotment or subdivision and subplot number). No permit will be issued unless this information is submitted in writing.
2. Permits shall be kept on the job at all times while the work is in progress.
3. Before receiving a permit for any work requiring excavation in any street, highway or road right-of-way, the person desiring to make such excavation shall obtain from the proper authority the required permit for each excavation and shall agree to comply with all the requirements of the issuing authority.

## Carroll County Environmental Services (CCES) Drain Layer Application & Qualifications

1. Shall be submitted annually:

2. List of Owners & Forman, Contact Info:

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
Owner: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
Forman: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
Forman: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

3. List of **municipalities** with references in the **last two years**:

I. a. Owners Name: \_\_\_\_\_  
b. Owners Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
c. Address of Job: \_\_\_\_\_  
d. Amount of Job: \_\$ \_\_\_\_\_ Date of Job: \_\_\_\_\_  
e. Description of Job: \_\_\_\_\_  
f. Engineer/inspector: \_\_\_\_\_ Phone: \_\_\_\_\_

II. a. Owners Name: \_\_\_\_\_  
b. Owners Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
c. Address of Job: \_\_\_\_\_  
d. Amount of Job: \_\$ \_\_\_\_\_ Date of Job: \_\_\_\_\_  
e. Description of Job: \_\_\_\_\_  
f. Engineer/inspector: \_\_\_\_\_ Phone: \_\_\_\_\_

III. a. Owners Name: \_\_\_\_\_  
b. Owners Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
c. Address of Job: \_\_\_\_\_  
d. Amount of Job: \_\$ \_\_\_\_\_ Date of Job: \_\_\_\_\_  
e. Description of Job: \_\_\_\_\_  
f. Engineer/inspector: \_\_\_\_\_ Phone: \_\_\_\_\_

IV. a. Owners Name: \_\_\_\_\_  
b. Owners Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
c. Address of Job: \_\_\_\_\_  
d. Amount of Job: \_\$ \_\_\_\_\_ Date of Job: \_\_\_\_\_  
e. Description of Job: \_\_\_\_\_  
f. Engineer/inspector: \_\_\_\_\_ Phone: \_\_\_\_\_

4. List of Equipment Owned:

- |          |          |
|----------|----------|
| a. _____ | b. _____ |
| c. _____ | d. _____ |
| e. _____ | f. _____ |
| f. _____ | h. _____ |
| g. _____ | i. _____ |

5. List of Lasers, Transits, Levels, etc.

- |          |          |
|----------|----------|
| a. _____ | b. _____ |
| c. _____ | d. _____ |
| e. _____ | f. _____ |
| f. _____ | h. _____ |
| g. _____ | i. _____ |

6. List of normal W2 Employees:

- |          |          |
|----------|----------|
| a. _____ | b. _____ |
| c. _____ | d. _____ |
| e. _____ | f. _____ |
| g. _____ | h. _____ |
| i. _____ | j. _____ |

7. List of Individuals & Phone Numbers Familiar with Your Workmanship and Character:

- |          |              |
|----------|--------------|
| a. _____ | Phone: _____ |
| b. _____ | Phone: _____ |
| c. _____ | Phone: _____ |
| d. _____ | Phone: _____ |
| e. _____ | Phone: _____ |

8. Return the following documents:

- a. Four page Application with Affidavit of Cost signed with all initialed areas.

9. Pay current license fee- **all license expire on December 31<sup>st</sup> of the year.**

## Carroll County Environmental Services Drain Layer Application & Qualifications

### *Additional Requirements*

- A required bond in the amount of \$20,000 and the following must appear on the bond:

“The licensee agrees that fifteen (15) days prior to the cancellation or loss of bonding Surety Company that the Authority will be notified in writing by certified mail.”

- Workers Compensation Certificate (an up-to-date copy to be included with application).
- Public liability, property damage and automobile insurance covering any and all claims for damages for personal injury, including accidental death as well as from claims for property damages which may arise from his operation or those of his subcontractors as a sewer builder licensed by the Authority in the amounts listed in Chapter VI of the CCES Rules & Regulations (a copy of Chapter VI and VI 1.0 is included).

\_\_\_\_\_  
Signature (owner)

\_\_\_\_\_  
Date

- All work completed by the sewer builder shall have a one-year guaranty period as specified in Chapter VI, Section 4, #8. \_\_\_\_\_ (initial)
- Copy of Chapter VI and VI 1.0 received \_\_\_\_\_ (initial)

**License expires December 31 of each year.**

**Office Use Only**

- Bond   
 Cost Affidavit   
 Workers Compensation   
 Insurance

License Fee Paid   
 Date \_\_\_\_\_ Check # \_\_\_\_\_

**Carroll County Environmental Services**

**Affidavit of Cost**

State of Ohio  
County of \_\_\_\_\_ } ss.

Being duly sworn, \_\_\_\_\_, doing business as  
\_\_\_\_\_, says as follows:

I have paid all labor and material cost incurred during the  
year \_\_\_\_\_ pertaining to sanitary sewer work.  
(previous year)

\_\_\_\_\_  
(Owner Signature)

\_\_\_\_\_  
(Typed or Printed Name)

Sworn to and subscribed in my presence this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Printed Name)

Notary Public, State of Ohio  
My commission expires on \_\_\_\_\_