

Receipt #

Permit #

Local Health District

# Permit To Install or Alter a Sewage Treatment System

The issuance of this permit confirms that all requirements of OAC rule 3701-29-09(B) are complete as documented below.

- Site Review Application, associated fees, and the following:
  - Completed Soil Evaluation in accordance with OAC rule 3701-29-07, If waived by the Board of Health, state why: \_\_\_\_\_
  - Completed STS Design, in accordance with OAC rule 3701-29-10 Estimated System Cost: \$ \_\_\_\_\_
  - If applicable, Incremental replacement plan as per OAC rule 3701-29-09 (C).
- Application for Permit and associated fees
- Proof of registration with the Ohio EPA Class V injection well program  N/A

This sewage treatment system permit is being issued to:

Owner's or Designate Representative's Name (printed)	Township
Property Street Address, City, OH (location of the installation, replacement or alteration)	

STS Contractor(s) performing the work.

1	Company Name:	Installer Registration #:
	Company Address:	
2	Company Name:	Installer Registration #:
	Company Address:	

Notice to the Owner and STS Contractor:

- The installation, replacement or alteration shall comply with the approved site review, any conditions of this permit, and any conditions of a product approval, the design, and Chapter 3701-29 of the Administrative Code.
- The owner of the STS and/or an authorized agent shall be responsible for all coordination between the local health district, designer, soil evaluator, installer, and Ohio EPA, if applicable.
- The protection of the sewage treatment system area is required prior to, during, and after construction.
- This installation, replacement or alteration permit may be revoked by the board of health prior to its expiration if a change in site conditions, the quality of the work, or if other conditions arise that are not in compliance with Chapter 3701-29 of the Administrative Code.
- This permit is valid for one (1) year from the date issued by the Board of Health.

Sewage Treatment System Permit Requirements  Installation  Replacement  Alteration

<b>Sewage Treatment System:</b>			
1. <input type="checkbox"/> Soil Absorption	2. <input type="checkbox"/> NPDES System	3. <input type="checkbox"/> Non-NPDES System	4. <input type="checkbox"/> Tank Replacement
<b>Gray Water Recycling System:</b>			
1. <input type="checkbox"/> Type 1	2. <input type="checkbox"/> Type 2	3. <input type="checkbox"/> Type 3	4. <input type="checkbox"/> Type 4
<b>System Description:</b>			
1. <input type="checkbox"/> Septic tank to shallow leach lines	2. <input type="checkbox"/> Pretreatment to shallow leach lines	3. <input type="checkbox"/> Septic tank to 18"-30" leach lines	
4. <input type="checkbox"/> Pretreatment to 18"-30" leach lines	5. <input type="checkbox"/> Septic tank to sand mound	6. <input type="checkbox"/> Pretreatment to sand mound	
7. <input type="checkbox"/> Septic tank to drip distribution	8. <input type="checkbox"/> Pretreatment to drip distribution	9. <input type="checkbox"/> NPDES System	
10. <input type="checkbox"/> Other _____	11. <input type="checkbox"/> Septic Tank to LPP	12. <input type="checkbox"/> Pretreatment to LPP	
13. <input type="checkbox"/> Spray Irrigation	14. <input type="checkbox"/> Privy or Holding tank	15. <input type="checkbox"/> Sand Lined Systems	
<b>Soil Depth Credit (if applicable)</b>			
1. <input type="checkbox"/> One foot credit allowed	2. <input type="checkbox"/> Two foot credit allowed	<input type="checkbox"/> Six inch credit allowed	
<b>Was a variance granted by the Board of Health prior to this permit being issued?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Approved (If Yes): _____		Variance requested for OAC 3701-29- _____	
Comments:			

PROPERTY OWNER or DESIGNATE REPRESENTATIVE SIGNATURE (if applicable)	DATE OF SIGNATURE:
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**\*THIS PERMIT IS VALID ONE (1) YEAR FROM THE DATE ISSUED.\***

DATE ISSUED	PLACE AUDIT STICKER BELOW	
PERMIT ISSUED BY (RS or SIT only)		
PERMIT EXTENSION		
Approved By	Date Approved	Date Expires



## Sewage Treatment System Permit Administrative Summary

Owner Mailing Address (if different from Property Address)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

# of Bedrooms: \_\_\_\_\_ X 120= \_\_\_\_\_ Gallons per day **OR** Small Flow: \_\_\_\_\_ Gallons Per Day

**Office Use Only:**

Permit # \_\_\_\_\_ Operating Permit #: \_\_\_\_\_

Inspection Date(s): \_\_\_\_\_

**Compliant:** Please indicate below the compliance of the following items. An item that is not in compliance will require a reinspection for approval of the system.

Yes No N/A

Cleanout(s): \_\_\_\_\_

Piping: \_\_\_\_\_

Tank: \_\_\_\_\_  
Type: \_\_\_\_\_ Size: \_\_\_\_\_ Brand: \_\_\_\_\_

Lift Station: \_\_\_\_\_  
Size: \_\_\_\_\_ Brand: \_\_\_\_\_

Distribution Device: \_\_\_\_\_

Soil Absorption: \_\_\_\_\_  
Type: \_\_\_\_\_ Dimensions: \_\_\_\_\_

Drainage: \_\_\_\_\_

Alarms/Control Panels: \_\_\_\_\_

Isolation Distances: \_\_\_\_\_

Yes No N/A

As-built received: \_\_\_\_\_

Reinspection needed: \_\_\_\_\_

Reinspection Fee Paid: \_\_\_\_\_

**Installation Comments:** \_\_\_\_\_

**System Approval:** \_\_\_\_\_  
Sanitarian Signature \_\_\_\_\_ Date \_\_\_\_\_