



Household Sewage Treatment System
Property Owner Installation Application

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Type of septic installation to be completed:

New System Replacement System Alteration of Existing System Servicing

Site Address: _____

Parcel # (optional): _____ Township: _____

1.) *Testing Requirements*

All sewage treatment systems installers, septage haulers, and service providers are required to take a state exam. A homeowner who wants to install and or service their own system must also take the exam. The test covers the current rules. It is an open book test with 75 multiple-choice questions. Each question will indicate which rule the question is related to. A copy of the sewage treatment system rules can be downloaded when you register to take the test if you do not have a copy. A minimum of three hours will be provided to take the open book test. The test is available online at Operator Training of Ohio, a private non-profit training organization that trains water and wastewater treatment plant operators, and other contractors. A score of 75 percent (56 questions) or greater will be a passing score. A certificate will be provided upon passing the test. This certificate will be required to register. Please contact the Residential Water and Sewage Program at the Ohio Department of Health at (614) 644-7551 if you need alternative accommodations to take the rules test. Please know that there is a \$65 fee to take the test.

The exam can be found at: <https://otco.org/sts-program>

2.) *Post Exam Steps*

Licking County Health Department will need a copy of the exam certificate. The name on the certificate will be reflected on the sewage Permit to Install. Once the certificate is on file the owner may move forward in obtaining a sewage permit.

3.) *Septic System Install / Inspection*

The owner MUST be on site during the inspection of the septic system. Contact LCHD 1 DAY / 24 hours in advance for an inspection of the work being done on your septic system. The system MUST be uncovered for the inspection.

During the inspection the owner may be asked to demonstrate installation methods i.e.) shooting grade with a laser level.

*Owner Signature: _____ Date: _____

LCHD Water/Sewer number: (740) 349-6504

Office Use

Only: HSTS Exam Certificate on File: Yes No

Owners request to install their HSTS: Approved Denied

Comments: _____

REHS/EHSIT: _____ Date: _____