

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

Sewage Treatment System:

1. Soil Absorption 2. NPDES System 3. Non-NPDES System 4. Tank Replacement

Gray Water Recycling System:

1. Type 1 2. Type 2 3. Type 3 4. Type 4

System Description:

1. Septic tank to shallow leach lines 2. Pretreatment to shallow leach lines 3. Septic tank to 18"-30" leach lines

4. Pretreatment to 18"-30" leach lines 5. Septic tank to sand mound 6. Pretreatment to sand mound

7. Septic tank to drip distribution 8. Pretreatment to drip distribution 9. NPDES System

10. Other _____ 11. Septic Tank to LPP 12. Pretreatment to LPP

13. Spray Irrigation 14. Privy or Holding tank 15. Sand Lined Systems

Soil Depth Credit (if applicable)

1. One foot credit allowed 2. Two foot credit allowed Six inch credit allowed

Was a variance granted by the Board of Health prior to this permit being issued? Yes 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)	SIGNATURE		
PERMIT EXTENSION			
Approved By	Date Approved	Date Expires	

**NEWARK**

(740)-349-6535
675 Price Rd.
Newark, OH 43055

PATASKALA

(740) 755-4520
621 W. Broad St.
Pataskala, OH 43062

www.lickingcohealth.org

Sewage Treatment System Permit Contact Information

Residential - # of Bedrooms: _____ X 120= _____ Gallons Per Day

Commercial/Other - Small Flow: _____ Gallons Per Day

Homeowner Mailing Address (if different from Property Address):

Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Sewage Contractor Contact Information:

Name: _____

Email: _____ Phone: _____

Additional Contact Information:

Name: _____

Email: _____ Phone: _____

Additional Contact Information:

Name: _____

Email: _____ Phone: _____