

Ohio Department of
Health Audit Number

Home Sewage Treatment System Application
Washington County Health Department
342 Muskingum Drive
Marietta, OH 45750
740-374-2782

Permit Fee: _____
Soil Survey: _____
System Design: _____
O&M Fee: _____
12 Month Inspection: _____

Permit Number: _____
[] New [] Replacement
[] Alteration [] SFOSTS

Name: _____ **Phone #:** _____

Mailing Address: _____ **City & Zip:** _____

House: _____ Manufactured Home: _____ Other: _____ Number of Bedrooms: _____

Township: _____ Subdivision & Lot # (if applicable): _____

Property Address: _____

Complete Directions: _____

Size of lot or acreage: _____

Type of water supply: [] Well [] Cistern [] Spring [] Public Water

All inspections resulting from this application are for workmanship and materials ONLY! Approval does not constitute an assurance that this system will operate in compliance with ALL applicable State or County laws and regulations. Additions to this system may be required if this sewage treatment system proves inadequate or cannot meet applicable standards at the time of the 12 month inspection.

This system may be subject to a periodic inspection, a service fee may be charged for any inspections.

A soil survey, plat map and design plan MUST be submitted before the septic permit will be issued.

IF NO PERMIT HAS BEEN ISSUED WITHIN 1 YEAR OF THE APPLICATION DATE, THE APPLICATION WILL EXPIRE AND ALL FEES PAID ARE FORFEITED
ALL FEES ARE NON-REFUNDABLE AFTER THE PERMIT HAS BEEN ISSUED.

Applicant's Signature: _____ **Application Date:** _____

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: |
|--|--------------------|

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 |