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