

Receipt #

Permit #

Local Health District MORROW COUNTY HEALTH DISTRICT
619 W. MARION RD
MT. GILEAD, OH 43338

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 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. <input type="checkbox"/> Soil Absorption	2. <input type="checkbox"/> NPDES System	3. <input type="checkbox"/> Non-NPDES System	4. <input type="checkbox"/> Tank Replacement
Gray Water Recycling System:			
1. <input type="checkbox"/> Type 1	2. <input type="checkbox"/> Type 2	3. <input type="checkbox"/> Type 3	4. <input type="checkbox"/> Type 4
System Description			
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	
Soil Depth Credit (if applicable)			
1. <input type="checkbox"/> One foot credit allowed	2. <input type="checkbox"/> Two foot credit allowed	3. <input type="checkbox"/> Six inch credit allowed	
Was a variance granted by the Board of Health prior to this permit being issued? <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 / /	SIGNATURE		PLACE AUDIT STICKER BELOW
PERMIT ISSUED BY (RS or SIT only)			
PERMIT EXTENSION			
Approved By	Date Approved	Date Expires	

Proposed Household Sewage Treatment System

Incremental repair/replacement plan conditions, including period of time, soil evaluation, water usage/reduction, phased installation and annual/periodic inspections: _____

Soil disturbance or damage, and proposed modifications: _____

_____ Approved _____ Denied _____

Inspection conducted. (Sanitarian's initials): _____ Date(s): _____

Received construction drawing, start-up information (may use design plan with notes showing any changes, horizontal isolation differences, benchmark, plan review drawing showing components).

Installation approved. (Sanitarian's initials): _____ Date: _____

Installation disapproved. (Sanitarian's initials): _____ Date and reason(s): _____

Operation permit issued. (Sanitarian's initials): _____ Date: _____

Terms and conditions including maintenance, operation and maintaining requirements including frequency of maintenance: _____

Service contract required. Conditions: _____

12 month inspection

Operating properly (Sanitarian's initials): _____ Date: _____

Not operating properly, date and reason(s): _____

OPERATION PERMIT EXPIRES 10 YEARS FROM DATE OF ISSURANCE

Operation permit renewed, suspended, or revoked (Circle one) Sanitarian initials _____ Date: _____