



Public Health
Prevent. Promote. Protect.

WARREN COUNTY HEALTH DISTRICT

416 South East Street – Lebanon, Ohio 45036

Duane Stansbury, R.S., M.P.H.
HEALTH COMMISSIONER

Scott R. Swope, D.O.
MEDICAL DIRECTOR

Sewage Treatment System Rules

Fee: \$50.00

OAC 3701-29

Variance Application

Date _____

Received by _____

Residential

Commercial

New Construction

Pre-Existing Structure

STS Site Location

Address

Township, Village, Contracting City

STS Owner

First

Last

Mailing address

Phone

City

State

Zip

Contractor (if known) _____

- 1) List the specific Sewage Treatment System Rule from which you are seeking a variance, and what problem will be created as a result of compliance with the sewage treatment system rules?

- 2) What do you propose as a solution to the above stated problem(s)?

- 3) Provide a diagram on the back or on a separate sheet of paper. Include house, water supply, existing sewage system (if applicable), lot lines, dimensions, and any other pertinent information. Diagram attached On File

Signature of Owner/Owner's agent

Date

Printed Signed Name Above

		Office Use Only	
Comments: _____			
Recommendation:	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval	
		_____	_____
		Sanitarian's Signature	Date
Action taken:	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval	
		_____	_____
		Board of Health/Health Commissioner	Date