

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.

<input type="checkbox"/> Site Review Application, associated fees, and the following:	
<input type="checkbox"/> Completed Soil Evaluation in accordance with OAC rule 3701-29-07, If waived by the Board of Health, state why: _____	
<input type="checkbox"/> Completed STS Design, in accordance with OAC rule 3701-29-10	Estimated System Cost: \$ _____
<input type="checkbox"/> If applicable, Incremental replacement plan as per OAC rule 3701-29-09 (C).	
<input type="checkbox"/> Application for Permit and associated fees	
<input type="checkbox"/> Proof of registration with the Ohio EPA Class V injection well program <input type="checkbox"/> 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	<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:

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

Warren County Health District STS Supplemental Information

Warren County Health District
416 South East Street
Lebanon, OH 45036
(513) 695-1220

Contact Information	
Installer Name:	
Installer Phone Number: Cell / Company (Circle One)	
Property Owner:	
Owner Phone Number (if known):	
Owner E-Mail (required, if available):	
Isolation Distances	
Item	Setback Distance (ft)
House (> 10ft)	
Property Line (> 10ft)	
Public Roadway (> 10ft)	
Driveway (> 10ft)	
Legal Easements (> 10ft) i.e. utilities	
Water Line (> 10ft)	
Private Water System or geothermal well (> 50ft)	
Swales/Ditches (> 10ft)	
Streams/Ponds (> 50ft from soil absorption)	
System Information	
System Type (Circle One): Septic Tank to Leach Lines / Septic Tank to Sand Mound / Septic Tank to Chambers / Septic Tank to ATL / Aeration Tank to Leach Lines / Aeration Tank to Chambers / Aeration Tank to Mound Aeration Tank to ATL / NPDES / Drip Distribution	
System Components	
Tank Make and Model:	
Aerator Make and Model:	
UV Light Make and Model:	
Aerator Motor Make:	
Dosing Tank Make and Model:	
Pump Make and Model:	
Chambers Make:	
ATL Make and Model:	
Additional Component Make/Model:	
Additional Component Make/Model:	
Comments:	