

Receipt #

Permit #

Local Health District  
WARREN COUNTY 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) |                           |              |
| PERMIT EXTENSION                  |                           |              |
| Approved By                       | Date Approved             | Date Expires |



**WCHD STS Alteration 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):  |                              |
| <b>Proposed Alteration's Isolation Distance to Existing:</b>  |                              |
| <b>Item</b>   | <b>Setback Distance (ft)</b> |
| 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)   |                              |
| <b>Existing Household Sewage Treatment System Type</b>  |                              |
| <b>System Type (Circle One):</b> 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 |                              |
| <b>Is This A (Circle One):</b> Major Alteration (Alteration to Soil Absorption Component) or a Minor Alteration(Addition or Replacement Prior to Soil Absorption Component)   |                              |

**Please Describe and Draw The Proposed Alteration Below Including Relevant Structures, Utilities and Property Lines**