



APPLICATION TO ALTER A HOUSEHOLD SEWAGE TREATMENT SYSTEM

\$260.00 Fee- Make checks payable to Wyandot County Public Health

I, _____, property owner, hereby apply for a permit to alter the household

sewage treatment system located at: _____

I agree to alter this system in compliance with the Ohio Administrative Code section 3701-29 and regulations set forth by the Wyandot County Health Department.

I agree to request a final inspection from Wyandot County Public Health at least 24 hours before completion to allow efficient scheduling. I will not cover this system until a final inspection has been performed and approved. I understand that no new dwelling may be occupied until an approved sewage treatment system has been installed, and to do so, may result in criminal prosecution.

I understand that the issuance of a permit is not an expressed or implied guarantee that the system will operate satisfactorily on this site, and that an approval does not guarantee that the system is completely free from defects or installation errors. I agree to abandon this system when sanitary sewers become available.

I understand that an operational permit will only be issued after the final installation approval is obtained, and I agree to comply with all the requirements of Wyandot County Public Health for the operational permit, or the permit may be revoked or suspended.

This installation permit expires if the installation/alteration is not completed within 12 months of issuance unless the Property Owner obtains a six-month extension from Wyandot County Public Health.

Phone: _____ Email: _____ Date: _____

Mailing Address: _____

Township: _____ Section #: _____

Signature: _____ [] Homeowner [] Authorized Rep.

System Installer: _____ Registration #: _____

Estimated Cost of System Installation: _____

OFFICE USE ONLY:

Site/Soil Review Approval Date: _____ Date \$260 Paid: _____

PERMIT #: _____ Audit #: _____ Receipt #: _____

Permit Issued by: _____ Date: _____

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

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|--|---|--|--|
| 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: | | | |

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|--|--------------------|
| PROPERTY OWNER or DESIGNATE REPRESENTATIVE SIGNATURE (if applicable) | DATE OF SIGNATURE: |
|--|--------------------|

THIS PERMIT IS VALID ONE (1) YEAR FROM THE DATE ISSUED.

| | | |
|-----------------------------------|---------------|--------------|
| DATE ISSUED | | |
| PERMIT ISSUED BY (RS or SIT only) | SIGNATURE | |
| PERMIT EXTENSION | | |
| Approved By | Date Approved | Date Expires |

PLACE AUDIT STICKER BELOW