

**WYANDOT COUNTY HEALTH DEPARTMENT**

**127-A SOUTH SANDUSKY AVENUE, UPPER SANDUSKY, OHIO 43351**

**Phone: (419) 294-3852**

**Fax: (419) 294-6424**

**PERMIT TO INSTALL A HOUSEHOLD SEWAGE TREATMENT SYSTEM**

**\$200.00 fee- Make checks payable to the Wyandot County Health Department**

I, \_\_\_\_\_, property owner, hereby apply for a permit to install the household sewage treatment system located at:

I agree to construct and install 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 the Wyandot County Health Department 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 the Wyandot County Health Department 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 the Wyandot County Health Department.

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Township:** \_\_\_\_\_

**Section #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ [  Homeowner [  Authorized Rep.

**System Installer:** \_\_\_\_\_

**Estimated Cost of System Installation:** \_\_\_\_\_

**OFFICE USE ONLY:**

**Site Review Application Reviewed and Approved by:** \_\_\_\_\_

**Permit Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fee:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_

**Final Inspection by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>AUDIT #</b></p>
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