



Household Sewage Treatment System
Operation & Maintenance (O&M) Permit Application
Fee Due: \$30.00

An Operation and Maintenance Permit is required for all household sewage treatment systems (HSTS) maintained in Wyandot County. This permit is transferable with the property and valid for a period of 1-10 years. This O&M permit can be revoked at any time if the HSTS is not properly maintained as per the Ohio Administrative Code Chapter 3701-29 and the Wyandot County Health District. This permit must be renewed within one month of the expiration date.

Applicant Information

(Complete the following information)

Property Owner:	Phone #:
Mailing Address:	City/State/Zip:
Property Address:	City/Zip:
Email:	Township:

Household Sewage Treatment System Information

(Complete the following information)

Primary Component	Size of Tank: (Gallons)	Risers to Grade	Last date tank was pumped:	Mechanical Components Present:	Mechanical Components Operational:
<input type="checkbox"/> Septic Tank		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Aeration Unit					
Secondary Component:					
<input type="checkbox"/> Leaching Tile Field (Stone & Pipe)		<input type="checkbox"/> Leaching Tile Field (Gravel-less)		<input type="checkbox"/> Subsurface Sand Filter	
<input type="checkbox"/> Mound		<input type="checkbox"/> Aeration Unit		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Unknown					

Service Provider Requirements

(Complete the following information)

Name of Service Provider:	Service Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that, to the best of my knowledge, the information submitted with this application is correct and I agree to any necessary repairs to properly maintain this HSTS as per Ohio Administrative Code (OAC) Chapter 3701-29 and the Wyandot County General Health District. I agree to allow a representative of the Wyandot County Health District to conduct an inspection of the HSTS to ensure it is properly maintained in accordance with OAC 3701-29.

Applicant Signature

Date

Length of Operation & Maintenance Permit: 1 year 3 years 5 years 10 years

SEE BACK OF PAGE FOR PERMIT CONDITIONS

PROOF OF THE FOLLOWING ITEMS MUST BE PROVIDED PRIOR TO ISSUANCE OF PERMIT:

- No additional information required, permit may be issued

	<u>Note contractor used and date maintenance/repairs made</u>	
<input type="checkbox"/> Septic tank pumped	Contractor _____	Date _____
<input type="checkbox"/> Risers installed on septic tank to grade	Contractor _____	Date _____
<input type="checkbox"/> Inspection ports installed to grade	Contractor _____	Date _____
<input type="checkbox"/> Aeration motor installed or repaired	Contractor _____	Date _____
<input type="checkbox"/> Up-flow filter repaired	Contractor _____	Date _____
<input type="checkbox"/> Diverter box riser installed to grade	Contractor _____	Date _____
<input type="checkbox"/> Diverter installed in diverter box	Contractor _____	Date _____
<input type="checkbox"/> Other: _____	_____	

SEPTIC OPERATION AND MAINTENANCE PERMIT CONDITIONS

System maintenance that must be done according to the length of the operation permit

1 Year Permit

- Maintain a service contract with a registered service provider.
- Provide health department with all service reports.
- Tank pumped a minimum of once every 5 years or have system evaluated and show <30% sludge in tank.

3 Year Permit

- Maintain a service contract with a registered service provider.
- Provide health department with all service reports.
- Tank pumped a minimum of once every 5 years or have system evaluated and show <30% sludge in tank.

5 Year Permit

- Septic tank pumped a minimum of once every 5 years or have system evaluated and show <30% sludge in tank.
- Household sewage treatment system evaluated within 12 months of the expiration date of this permit.

10 Year Permit

- Septic tank pumped a minimum of once every 5 years or have system evaluated and show <30% sludge in tank.
- Household sewage treatment system evaluated within 12 months of the expiration date of this permit.