



# Online Submission for Coverage Under Household Sewage Treatment Systems (HSTS) General Permit

*These instructions are for submitting electronically only. Mailing in NOIs is still an option and follows the original guidelines. Submitting electronically will have a shorter processing time. This process could take 2-3 weeks to complete.*

The application, also known as the notice of intent (NOI), must be fully completed before submittal.

1. Electronic submissions must be paid online.
2. If submitting the NOI electronically, do not mail in the NOI too.
3. The NOI needs to be accompanied with a letter from the local health department confirming the request for a discharging system in PDF file format.
4. The first page is completed and signed by the homeowner.
  - a. **Installers cannot sign the first page.**
  - b. An email needs to be listed on the NOI for electronic submissions.
    - i. If the health department or installer is submitting on behalf of the homeowner who does not have an email address, please put the submitter's email address on that line.
  - c. The county needs to be listed in Part II even if the mailing address is the same as the property address.
  - d. The homeowner's name **cannot** be a last name followed by residence.
    - i. Example: Smith Residence
    - ii. Below is an example of a completed page one of the NOI.

**Note: Please make the NOI a PDF File. Only one NOI per PDF.**

**If the street name has a suffix, please include it.**

**Phone numbers need the area code in front.**

**If the property address in part II is different than the mailing address in part I, please list the property address in Part II.**

**Division of Surface Water - Notice of Intent (NOI) For Initial Coverage Under Ohio Environmental Protection Agency General Permit for Household Sewage Treatment Systems (HSTS)**

*(Please read the accompanying instructions before completing this form.)*

Submission of this NOI is a notice that the party identified in Section I of this form (the applicant) intends to be authorized by Ohio EPA's HSTS general permit to discharge wastewater into a surface water. The applicant will be responsible for complying with the terms and conditions of the HSTS general permit once authorization is granted. Please complete all information as explained in the attached instructions. Forms transmitted by fax will not be accepted. A \$200 check or money order made payable to "Treasurer, State of Ohio" must accompany this form in order to process the application.

**Part I - Homeowner Information (to be completed by the homeowner)**

**I. Homeowner Information/Mailing Address**

Homeowner Name: John Doe

Mailing (Homeowner) Address: 50 West Town Street

City: Columbus State: Ohio Zip Code: 43216

Phone: 111-111-1111

**II. Property Location Information (if different than above)**

Property Address: "Same as above" or "N/A"

City: State: Ohio Zip Code:

County: Franklin

**III. General Permit, OHK000003 Household Sewage Treatment System Information**

Household Sewage Treatment System is for:  Replacement of Failed Existing System or  New Home Construction

Has the Local Health Department Review Checklist Form been completed and included with this Notice of Intent (NOI)? Yes  No

\*If you answered "No" to the above question, STOP. The NOI is considered incomplete and CANNOT be submitted to Ohio EPA.

**IV. Payment Information**

Check #: \_\_\_\_\_ Check ID (OFA): \_\_\_\_\_ ORG #: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Rev ID: \_\_\_\_\_ DOC #: \_\_\_\_\_

Date of Check: \_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Homeowner Name: John Doe Title: \_\_\_\_\_

Homeowner Signature: John Doe Date: 09/02/2020

**Since Ohio EPA is working remotely, please make sure the completed NOI is legible both in writing and when scanned in.**

**Incomplete NOIs will be returned for correction.**

**This needs to be the permit holder's signature.**


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- e. The sanitarian who performed the review of the property must complete the second page.
  - i. The sanitarian's contact information must be filled out completely.
  - ii. Below is an example of a completed page two of the NOI.

LOCAL HEALTH DEPARTMENT HOUSEHOLD SEWAGE TREATMENT SYSTEM REVIEW CHECKLIST FORM	
Part 2 of 2- Local Health Department Information (to be completed by health department)	
I. Property Information	
Homeowner Name: <b>John Doe</b>	Property Address: <b>50 West Town Street</b>
II. Health Department Information	
Local Health Department Name: <b>Franklin County HD</b> Contact Person: <b>Jane Doe</b>	
Local Health Department Contact Person E-mail Address: <b>Jane.Doe@gmail.com</b> Phone: <b>333-333-3333</b>	
III. Property Review	
A. Receiving Stream or MS4: <b>Olentangy River</b>	
B. Discharge Location Point: <b>road ditch at front of the house</b>	
C. For all New, Updated or Replacement Systems (Answer All)	
• Are sewers available or accessible? <small>(Property line is located within 400 feet of sewers)</small>	Yes <input type="checkbox"/> * No <input checked="" type="checkbox"/>
• Was the lot created after January 1, 2007?	Yes <input type="checkbox"/> * No <input checked="" type="checkbox"/>
D. For Select New Systems When Soil Absorption Not Feasible (Answer All)	
• Is the receiving stream defined as outstanding state waters, superior high quality waters or outstanding national resource waters, other than Lake Erie under OAC 3745-1-05 or to direct tributaries within 1 mile of these waters?	Yes <input type="checkbox"/> * No <input type="checkbox"/>
• Is the proposed discharge to waters of the state with a watershed drainage area of less than or equal to 5 square miles at the point of discharge?	Yes <input type="checkbox"/> * No <input type="checkbox"/>
• Is the proposed discharge to an MS4 not meeting standards established in the MS4 program's illicit discharge and elimination plan?	Yes <input type="checkbox"/> * No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
E. Soils and Site Review	
• Has a Site evaluation been conducted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
• Has a Soil evaluation been conducted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
F. Soils and On-Site System Evaluation (Answer All)	
• Is the Site suitable for a septic tank or pre-treatment to gravity, Low Pressure Pipe or engineered drainage with soil absorption?	Yes <input type="checkbox"/> * No <input checked="" type="checkbox"/>
• Is the Site suitable for a septic tank or pretreatment to mound?	Yes <input type="checkbox"/> * No <input checked="" type="checkbox"/>
• Is the Site suitable for a septic tank or pretreatment to drip distribution?	Yes <input type="checkbox"/> * No <input checked="" type="checkbox"/>
• Is the Site suitable for system designs that have been approved by the Director of Health under a Special Device Approval and the Homeowner agreed to utilize these technologies?	Yes <input type="checkbox"/> * No <input checked="" type="checkbox"/>
• Is there adjacent property owned by the homeowner suitable for supporting an on-site system and Homeowner agreed to utilize the adjacent property?	Yes <input type="checkbox"/> * No <input checked="" type="checkbox"/>
* If you answered "Yes" to any of the questions in section C, D, or F, <b>STOP</b> : The project cannot be recommended for approval.	
Comments/Explanations:	
Additional documentation is provided in an attachment Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Local Health Department Personnel Name: <b>Jane Doe</b>	Title: <b>Sanitarian</b>
Local Health Department Personnel Signature: <i>Jane Doe</i>	Date: <b>09/02/2020</b>

Section D is only completed for new discharging systems. If it is for a replacement system, just check the "N/A" box.





- 5. The NOI needs to be emailed to [DSW.HSTS@epa.ohio.gov](mailto:DSW.HSTS@epa.ohio.gov)
  - a. The NOI will be reviewed and assigned a Revenue ID.
- 6. The revenue ID will then be sent back to the applicant with instructions on how to pay online. (This is why an email on the first page is required.)
- 7. Log into your OH|ID account



## eBusiness Center

Ohio EPA's eBusiness Center (eBiz) is a secure portal for online business services. eBiz is the entry point for our customers to electronically complete and file reports, make payments and submit permit and grant applications. See below for a complete list of services offered.


New State of Ohio OH|ID portal (OH|ID) login process as of November 6, 2020.

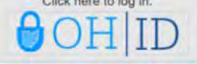
**Do not use Microsoft Internet Explorer - eBiz is supported in Google Chrome and Microsoft Edge.**


To access eBiz, you must have an account in OH|ID and click on the Ohio EPA eBusiness Center tile.

**IMPORTANT:** To access your eBiz account data, the email addresses in OH|ID and eBiz must match.



Please watch a short  OH|ID portal login video.

Click here to log in.



 OH|ID Step-by-Step Instructions

**Need Assistance? Start here!**

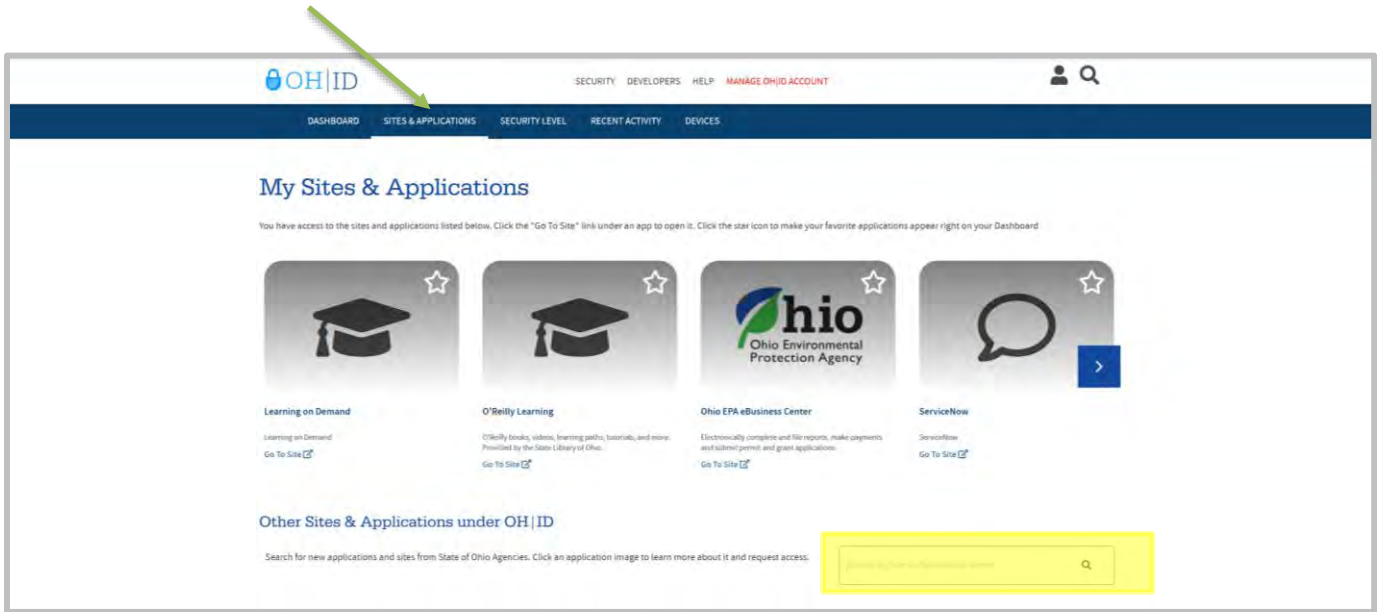
-  **eBiz Help Wizard**
  - Login assistance
  - Contacts for services
  - Help with PIN
-  **OH|ID eBusiness Center FAQ**

eBiz live help available  
Weekdays 8AM - 5PM  
except state holidays  
ebizhelpdesk@epa.ohio.gov  
(877) 372-2499 | (877) EPA-BIZZ

Services Available
Quick Links

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8. Click on “Sites and Applications” then search by typing “eBusiness” in the search bar highlighted below.



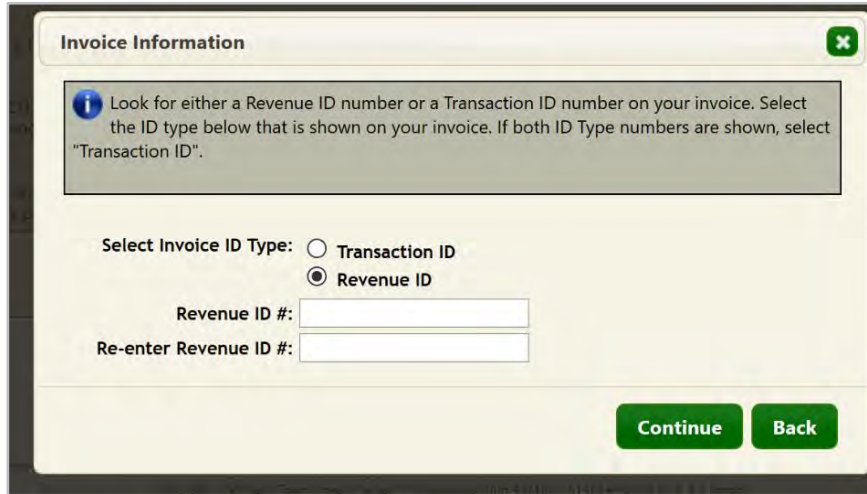
9. Under services, click on “Pay Ohio EPA Fees Online”

Available Services (What is this?)				
Service	Action	Status	Facilities	Delegations
Air Services	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Asbestos Services		Inactive	<a href="#">view/edit</a>	
Certified Operator Minimum Staffing Reporting		Active	<a href="#">view/edit</a>	
Conference and Events Registration	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Division of Surface Water Credible Data	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Division of Surface Water NPDES Permit Applications (STREAMS)		Active		
DMWM License and Registration Service		Inactive	<a href="#">view/edit</a>	
DMWM Solid Waste/C&DD Disposal Fees (Submit Report)	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
DSW 401 Certification and Isolated Wetlands Permit		Inactive	<a href="#">view/edit</a>	
e-Discharge Monitoring Reports (eDMR)	<a href="#">Deactivate</a>	Active	<a href="#">view/edit</a>	<a href="#">view/edit</a>
e-Drinking Water Reports	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Generic File Upload	<a href="#">Request</a>	Inactive		
Hazardous Waste Report (eDRUMS)	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
OEEF Grant Service (No PIN Required)	<a href="#">Request</a>	Inactive		
<b>Pay Ohio EPA Fees Online</b>	<a href="#">Request</a>	Inactive	<a href="#">view/edit</a>	
Water/Wastewater Exam Providers	<a href="#">Request</a>	Inactive		
Water/Wastewater Operators	<a href="#">Request</a>	Inactive		
Water/Wastewater Training Providers	<a href="#">Request</a>	Inactive		



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10. Click on “Lookup Invoice to Pay Online”



The service will ask for a Revenue ID which you will enter and it will take you through the payment process. Payment can be via credit card or E-Check. (Please include street suffix in the address).

11. Once paid, the address will be given a permit number and posted online at [epa.ohio.gov/dsw/permits/GP\\_HouseholdSewageTreatmentPlants](http://epa.ohio.gov/dsw/permits/GP_HouseholdSewageTreatmentPlants). They system will send an email containing the permit number to the applicant’s listed email.

