

Receipt #

Permit #

Perry County Health Department  
P.O. Box 230  
New Lexington, OH 43764

# 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

## STS Contractor performing the work:

|                  |                          |
|------------------|--------------------------|
| Company Name:    | Installer Registration # |
| Company Address: |                          |

## This sewage treatment system permit is being issued to:

|   |  |           |
|---|--|-----------|
| 1 | Owner's or Designate Representative's Name (printed):  | Township: |
|   | Property Street Address, City, OH (location of the installation, replacement or alteration): |           |
| 2 | Owner's or Designate Representative's Name (printed):  | Township: |
|   | Mailing 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. \*All fees are non-refundable\*

## Sewage Treatment System Permit Requirements ☐ New System \$296.00 ☐ Alteration \$226.00

|  |   |  |  |
|--|---|--|--|
| <b>Sewage Treatment System:</b>  |   |  |  |
| 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 |
| <b>Gray Water Recycling System:</b>  |   |  |  |
| 1. <input type="checkbox"/> Type 1   | 2. <input type="checkbox"/> Type 2                              | 3. <input type="checkbox"/> Type 3                             | 4. <input type="checkbox"/> Type 4           |
| <b>System Description:</b>   |   |  |  |
| 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  | 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                |  |
| <b>Soil Depth Credit (if applicable)</b>   |   |  |  |
| 1. <input type="checkbox"/> One foot credit allowed  | 2. <input type="checkbox"/> Two foot credit allowed             | <input type="checkbox"/> Six inch credit allowed               |  |
| <b>Was a variance granted by the Board of Health prior to this permit being issued?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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) | SIGNATURE                 |              |
| PERMIT EXTENSION                  |                           |              |
| Approved By                       | Date Approved             | Date Expires |