



Public Health
Prevent. Promote. Protect.

APPLICATION FOR A PERMIT TO INSTALL A SEWAGE TREATMENT SYSTEM (STS)

Defiance County General Health District
1300 East Second Street, Suite 100, Defiance, OH 43512
Phone: (419) 784-3818 Fax: (419) 782-4979

<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Abandonment <input type="checkbox"/> Incremental Replacement / Alteration	<input type="checkbox"/> HSTS <input type="checkbox"/> SFOSTS <input type="checkbox"/> GWRS GRWRS Type _____	HSTS (check all that apply): <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Two family dwelling <input type="checkbox"/> Three family dwelling <input type="checkbox"/> Dwelling and related structure <input type="checkbox"/> Dwelling with a home business that does not generate sewage	<input type="checkbox"/> Vacation rental cabin <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Residential Facility <input type="checkbox"/> Group Home ≤ 16 <input type="checkbox"/> Respite Care ≤ 16 <input type="checkbox"/> Foster Home ≤ 16	SFOSTS <input type="checkbox"/> Two or more dwellings or dwelling spaces. <input type="checkbox"/> More than one vacation rental cabin on an STS. <input type="checkbox"/> A dwelling and a structure used by persons other than the residents of the dwelling. <input type="checkbox"/> A dwelling with a home business that it produces sewage. (including one that has a public restroom)				
System Code:	System Description Code:			System Flow	Soil Credit			
<input type="checkbox"/> 1. Soil Absorption <input type="checkbox"/> 2. NPDES System <input type="checkbox"/> 3. _____ <input type="checkbox"/> 4. Tank Replacement <input type="checkbox"/> 5. Tank Abandonment <input type="checkbox"/> 6. Alternative Toilet	<input type="checkbox"/> 1. Septic tank to shallow leach lines (Infiltrator) <input type="checkbox"/> 2. Pretreatment to shallow leach lines <input type="checkbox"/> 3. Septic tank to 18"-30" leach lines <input type="checkbox"/> 4. Pretreatment to 18"-30" leach lines <input type="checkbox"/> 5. Septic tank to sand mound <input type="checkbox"/> 6. Pretreatment to sand mound (Presby AES) <input type="checkbox"/> 7. Septic tank to drip distribution <input type="checkbox"/> 8. Pretreatment to drip distribution			<input type="checkbox"/> 9. NPDES 2GK _____ *AG <input type="checkbox"/> 10. Other _____ <input type="checkbox"/> 11. Septic Tank to LPP <input type="checkbox"/> 12. Pretreatment to LPP <input type="checkbox"/> 13. Spray Irrigation <input type="checkbox"/> 14. Privy or Holding tank <input type="checkbox"/> 15. Sand Lined Systems	<input type="checkbox"/> 240 (1-2bed) <input type="checkbox"/> 360 (3-bed) <input type="checkbox"/> 480 (4-bed) <input type="checkbox"/> 600 (5-bed) <input type="checkbox"/> _____	<input type="checkbox"/> 1. One foot <input type="checkbox"/> 2. Two foot <input type="checkbox"/> 3. Six inches <input type="checkbox"/> Approved Pretreatment <input type="checkbox"/> Presby AES <input type="checkbox"/> Jet <input type="checkbox"/> Norweco <input type="checkbox"/> _____		
Total Fee	Local Fee	State Fee	Late Fee	Trench Depth	# of trenches	Trench Width	Trench Length	Site #

Property Street Address Location (include City and Zip Code)		Parcel / lot #	Township / Section
Owner's Name	Owner Mailing Address (include City and Zip Code)		Phone #
Applicant's Name (If different from owner)	Applicant Mailing Address (include City and Zip Code)		Phone #
Installation Contractor		Phone	Estimated Cost
Additional Installation Contractor or Service Provider		Phone	
Design/Installation Instructions			

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 Ohio Administrative Code (OAC) Chapter 3701-29.
- 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 violate OAC Chapter 3701-29.

The undersigned agrees:

- To maintain and service the STS in accordance with state and local rules and the manufactures instructions.
- To prevent the connection of roof or foundation drains, sump pits, swimming pool or hot tubs drains to the system.
- To prevent the creation of a cross-connection between the sewage treatment system and the potable water system.
- To maintain inspection ports, valves, vents, clean-outs and risers above grade so these components may be located, inspected or accessed.
- To allow health district inspectors to enter on the property for the purpose of inspecting or monitoring the sewage treatment system.

Property Owner or Designate Representative Signature	Date of Signature
--	-------------------

This Installation Permit is Valid for (1) one year from issue date

Approved by (RS or SIT)	Issue Date	Place Audit Sticker Here	
Permit Extension approved by	Date Approved		New Expiration Date
Variance#	Rule		Conditions