

# Application to Operate a Sewage Treatment System (STS)

1. Complete application for each STS (to the best of your knowledge):
2. Make check or money order for **\$60.00** payable to: **DCGHD**
3. Return application with payment to:

Defiance County General Health District  
 1300 East Second Street, Suite 100,  
 Defiance, Ohio 43512

|   |
|---|
| Office Use:   |
| Fee Paid _____  |
| Paid Date _____   |
| Permit No. _____  |
| Entered into FetchEH <input type="checkbox"/> Mapped <input type="checkbox"/> |

E-mail: [myseptic@defiancecohealth.org](mailto:myseptic@defiancecohealth.org)

**Due June 30<sup>th</sup>, 2020** (a 25% penalty will be assessed when it becomes necessary to place the fees as a lien on the property taxes)

|  |      |                          |   |  |  |
|--|------|--------------------------|---|--|--|
| Location Address   |      | City                     |   | Township<br><input type="checkbox"/> Highland <input type="checkbox"/> Adams <input type="checkbox"/> Delaware |  |
| Mailing address (If different from location)   | City | Zip                      | Contact Name  |  |  |
| Email address  |      |                          | Contact Phone   | Alternate Phone  |  |
| A sewage treatment system is used to treat wastewater from a residence or building. The address above is (Check all that apply):<br><input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Noncommercial/Government <input type="checkbox"/> No building present <input type="checkbox"/> Abandoned home/building |      |                          |   |  |  |
| How is the wastewater treated? (Check all that apply):<br><input type="checkbox"/> Private sewage system <input type="checkbox"/> Public Sewer*<br><input type="checkbox"/> No wastewater is generated at this site* <input type="checkbox"/> Unsure   |      |                          | Water Source:<br><input type="checkbox"/> Municipal Water <input type="checkbox"/> Well <input type="checkbox"/> Cistern<br><input type="checkbox"/> Pond <input type="checkbox"/> None <input type="checkbox"/> Unsure |  |  |
| *If all waste facilities are connected to public sewer, or no wastewater is being generated <b>STOP HERE</b> . Mail or email the application to the above address or call the health district to find out how the property may be exempted from the operation permit requirement.  |      |                          |   |  |  |
| Are there multiple Sewage Treatment Systems at the site location?  |      | Number of occupants:     |   | If a business is located on the site, please describe the nature of the business.                              |  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete an application with \$60.00 payment for each system.   |      | Full time      Part time |   |  |  |

### Three things we want you to know

- ⌋ Under Ohio law, each owner of a sewage treatment system must apply to the health district for an Operation Permit.
- ⌋ The permit does not require upgrades be made to a sewage treatment system. The system simply needs to function as originally intended.
- ⌋ The permit does require that regular maintenance and/or inspections be done on the system.

Please fill out as much information as you can about the Sewage Treatment System. This information will help the department to provide advice to owners on the proper maintenance of the system and develop educational programs.

|  |   |   |  |  |
|--|---|---|--|--|
| Is the top of tank visible?  | Do you know what type of tank it is?  | Last year tank was pumped?                  | Which side of the house or building is the tank located? <b>Or sketch on back.</b> | Distance from house or building to tank? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes<br><input type="checkbox"/> Unsure  | <input type="checkbox"/> Septic tank <input type="checkbox"/> Aeration<br><input type="checkbox"/> Unsure | _____<br>Or <input type="checkbox"/> Unsure | Or <input type="checkbox"/> Unsure   | Or <input type="checkbox"/> Unsure       |
| Where does the tank effluent go after leaving the tank?  |   |   |  |  |
| <input type="checkbox"/> Stream or Ditch <input type="checkbox"/> Field Tile <input type="checkbox"/> Leach bed <input type="checkbox"/> Filter Bed <input type="checkbox"/> Mound <input type="checkbox"/> Unsure |   |   |  |  |

The Defiance County Operation and Maintenance regulation requires at least one inspection of each sewage treatment system within the 4-year operational period (6-30-20 to 6-30-24). Tank pump reports from the 2-year period prior to the effective date of the permit are also accepted.

|                                 |          |
|---------------------------------|----------|
| Owner Signature (sign or print) | Date     |
| <br><br>                        | <br><br> |

Any inspections must be done by a registered contractor. We expect most STS owners to have their inspections done by a tank pumper or service provider. However, under local rules, homeowners may register to inspect the STS at their personal residence. To register a homeowner must take an on-line open-book test and attend training provided by at the health district or manufacturer. The inspection may involve lifting the lid off the tank and measuring sludge levels, testing pumps and a visual inspection of ports and the property.

Are you interested in receiving training to become a registered service provider?  Yes  No  Undecided at this time