

# 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

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

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

## DUE JUNE 30<sup>th</sup> 2022

If any of the preprinted information below is in error, draw a line through and print corrected information.

**Late Fees:** a 25% penalty will be assessed if it becomes necessary to place the permit fees on the property taxes at the end of August.

Location Address		Parcel Number		Township	
Mailing address			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):					
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Noncommercial/Government <input type="checkbox"/> Mixed use <input type="checkbox"/> No tank present on site <input type="checkbox"/> Abandoned home or building site					
How is the wastewater treated? (Check all that apply):			Water Source:		
<input type="checkbox"/> Private sewage system <input type="checkbox"/> Public Sewer* <input type="checkbox"/> No Sewage Treatment System or tank at this site* <input type="checkbox"/> Unsure			<input type="checkbox"/> Municipal Water <input type="checkbox"/> Well <input type="checkbox"/> Cistern or tank <input type="checkbox"/> Pond <input type="checkbox"/> None <input type="checkbox"/> Unsure		
*If all waste facilities are connected to public sewer, or there is no Sewage Treatment System, <b>STOP HERE</b> . Mail or email the application without payment to the above address or call the Health District so the district may remove the address from the list.					
Are there multiple Sewage Treatment Systems at the site location?		Number of occupants:		If a business is located on the site, please briefly 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 _____ Or <input type="checkbox"/> Unsure			

### 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 working sewage treatment system. The system simply needs to function as originally intended.
- The permit requires that regular service or inspections be done on the system. The system is **not required** to be serviced or inspected before applying.

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 <input type="checkbox"/> Unsure	<input type="checkbox"/> Septic tank <input type="checkbox"/> Aeration <input type="checkbox"/> Unsure	_____ 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 (6-30-21 to 6-30-25). Tank pump reports from the 2-year period prior to the effective date of the permit are also accepted.

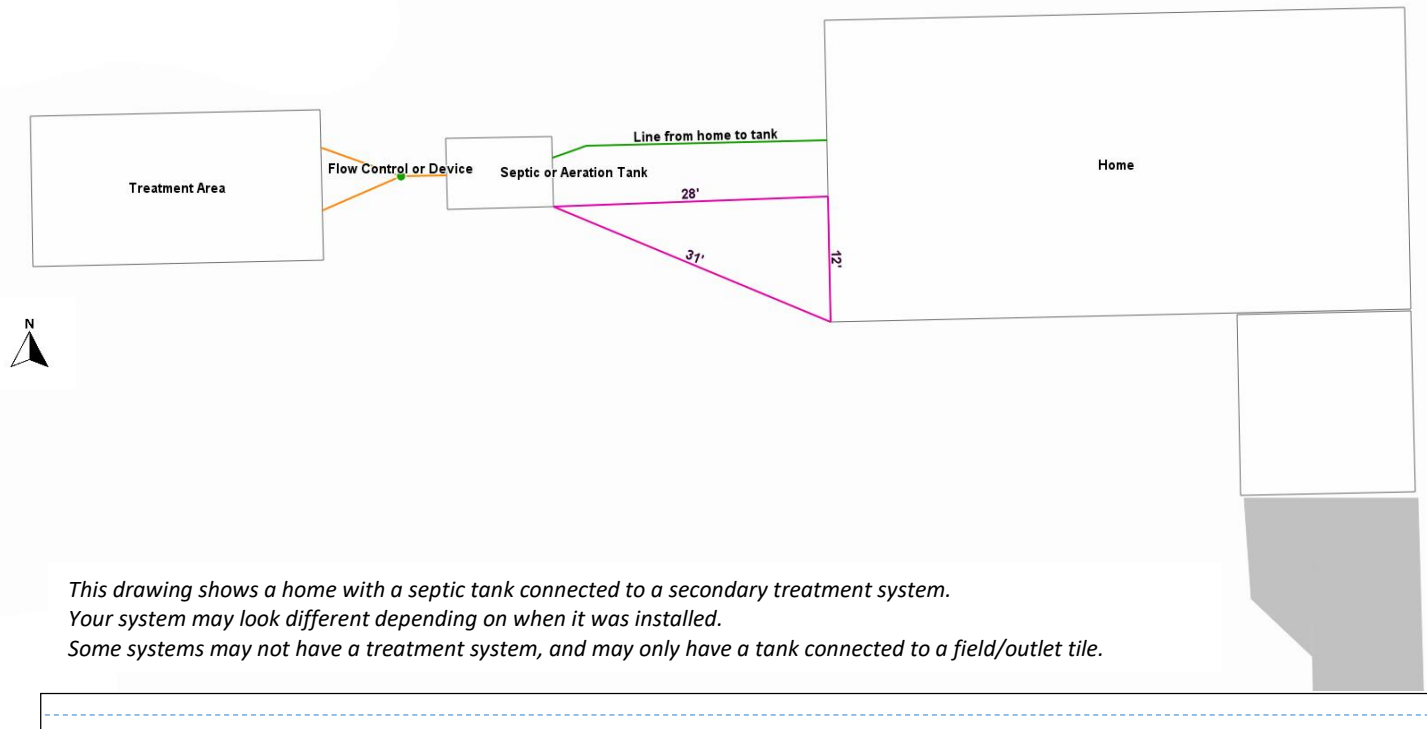
Owner Signature (sign or print)	Date

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 a training provided by 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 inspect your own residential system?  Yes  No  Undecided at this time

The local rules and additional applications can be viewed at [www.defiancecohealth.org/myseptic](http://www.defiancecohealth.org/myseptic) or call 419-784-3818.

# EXAMPLE SYSTEM



*This drawing shows a home with a septic tank connected to a secondary treatment system.  
Your system may look different depending on when it was installed.  
Some systems may not have a treatment system, and may only have a tank connected to a field/outlet tile.*

If known, sketch the location of your septic/aeration tank and any additional system components as applicable (pumps, alarms, treatment areas, outlet tile, etc.) Tank locations can be documented by using the method above. In this example, you can see the tank is measured from the Southwest, or bottom left corner of the home. Drawings should have a North directional arrow and/or road for orientation reference.