

# 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**  
Payments can be made over phone by calling office (2% min. service charge)
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. _____

## **DUE FRIDAY JUNE 30<sup>th</sup> 2023**

If any of the preprinted information below is in error, please draw a line through and print corrected information.  
**Late Fees:** a 25% penalty will be assessed if not delivered in person or postmarked by June 30, 2023.

Location Address	Parcel Number	Township:
Mailing address	Contact Name	
Email address	Contact Phone	Alternate Phone

**What types of structures have plumbing fixtures at the location address above? (Check all that apply):**

- Residence  
 Residence an detached building  
 Apartment(s)  
 Church  
 Office  
 Store  
 Meeting Hall  
Restaurant  
 Fire house  
 Service garage  
 Storage Building  
 Agriculture  
 Salon/personal services

**How is the wastewater treated? (Check all that apply):**

- Private sewage system  
  Connected to Sewer  
 No Sewage generated at this site\*  
  Unsure

**Water Source (check all that apply):**

- Municipal Water  
  Well  
  Cistern  
 Pond  
 None  
 Unsure

**\*If no sewage is being generated please check all that apply (see enclosed letter for definitions):**

- Abandoned Site  
 Abandoned Structure  
 Unused site  
 Unused structure  
 Vacant land  
 No sewage facilities ever installed  
 Other \_\_\_\_\_

**District electronic records indicate the following (some or all of these values may be blank):**

Type of tank	Date tank last pumped or installed:	Capacity of tank gal:	Water source indicated 2019
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**Residential: Number of occupants**

- Full Time  
 Part time

**Church, Hall, Salon or Restaurant :**

Average weekly attendance or # of clients

**If Place of Employment:**

- Full Time  
 Part time

You are **not** required to have the system serviced or inspected before sending in the application.

Owner Signature (sign or print)	Date

Any inspections must be done by a registered contractor. Lists of registered contractors can be found at [www.defiancecohealth.org/myseptic](http://www.defiancecohealth.org/myseptic). Under local rules, homeowners may register with the health district to inspect the STS at their personal residence. To register a homeowner/inspector, contact the health district for requirements.

Are you interested in receiving training to inspect your own residential system?  
 Yes  
 No  
 Undecided at this time

Rules and forms may be downloaded at [www.defiancecohealth.org/myseptic](http://www.defiancecohealth.org/myseptic) or call 419-784-3818 for mailed copies.