



# Summit County Public Health

STS Permit

1867 West Market Street ♦ Akron, Ohio 44313-6901  
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436  
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## INSTALLATION OR ALTERATION PERMIT APPLICATION FOR A SEWAGE TREATMENT SYSTEM (STS)

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

### Applicant's Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
City State ZipCode

### Project Details (required):

The design of the STS for a project is based, in part, on the potential occupancy of the dwelling. A bedroom is defined as any room that can practically be used as a bedroom including a home office, den, etc.

One, two or three- family home  
Total number of bedrooms: \_\_\_\_\_

### Water Source:

Municipal water  
 Private Water System (well, cistern, etc.)

### **Permit Requested:**

	<b>Fee</b>
<input type="checkbox"/> Installation Permit, New Home Construction	\$ 550.00
<input type="checkbox"/> Installation Permit, Replacement STS	\$ 550.00
<input type="checkbox"/> Alteration Permit, Tank Only	\$ 235.00
<input type="checkbox"/> Alteration Permit, Other: _____	\$ 235.00
<b>Total Fee Due:</b>	<b>\$</b>

I understand the following:

- That this application fee is non-refundable.
- That the issuance of this permit by Summit County Public Health is based on the information the designer and I have provided.
- That any deviation from the proposed plan may result in the voiding of this permit.
- That I will be required to comply with the terms of an Operation Permit for my STS and agree to pay the associated fee for that Operation Permit.
  - \* Please note: This installation permit shall serve as the initial Operation Permit once final STS approval is granted.
- That if the STS required an NPDES permit through Ohio EPA, I will also adhere to the requirements of that permit.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### **For SCPH use only:**

<b>Payment Information:</b>		<b>NPDES Approval:</b> <input type="checkbox"/> N/A
Date Received: _____	<input type="checkbox"/> Cash	Approval Date: _____
Received by: _____	<input type="checkbox"/> Credit card	<b>GPD:</b> _____
Amount Paid: _____	<input type="checkbox"/> Check # _____	<b>VSD:</b> _____

Receipt #

Permit #

Local Health District

# 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

This sewage treatment system permit is being issued to:

Owner's or Designate Representative's Name (printed)	Township
Property Street Address, City, OH (location of the installation, replacement or alteration)	

STS Contractor(s) performing the work.

1	Company Name:	Installer Registration #:
	Company Address:	
2	Company Name:	Installer Registration #:
	Company 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.

Sewage Treatment System Permit Requirements  Installation  Replacement  Alteration

**Sewage Treatment System:**

1.  Soil Absorption      2.  NPDES System      3.  Non-NPDES System      4.  Tank Replacement

**Gray Water Recycling System:**

1.  Type 1      2.  Type 2      3.  Type 3      4.  Type 4

**System Description:**

1.  Septic tank to shallow leach lines      2.  Pretreatment to shallow leach lines      3.  Septic tank to 18"-30" leach lines

4.  Pretreatment to 18"-30" leach lines      5.  Septic tank to sand mound      6.  Pretreatment to sand mound

7.  Septic tank to drip distribution      8.  Pretreatment to drip distribution      9.  NPDES System

10.  Other \_\_\_\_\_      11.  Septic Tank to LPP      12.  Pretreatment to LPP

13.  Spray Irrigation      14.  Privy or Holding tank      15.  Sand Lined Systems

**Soil Depth Credit (if applicable)**

1.  One foot credit allowed      2.  Two foot credit allowed       Six inch credit allowed

**Was a variance granted by the Board of Health prior to this permit being issued?**  Yes  No

Date Approved (if Yes): \_\_\_\_\_ Variance requested for OAC 3701-29- \_\_\_\_\_

Comments: \_\_\_\_\_

PROPERTY OWNER or DESIGNATE REPRESENTATIVE SIGNATURE (if applicable)	DATE OF SIGNATURE:
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**\*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