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 Board of Health, state why:
  - Completed STS Design, in accordance with OAC rule 3701-29-10
  - 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
- Estimated System Cost: $ _

This sewage treatment system permit is being issued to:

Owner’s or Designate Representative’s Name (printed) Township

STS Contractor(s) performing the work.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Installer Registration #</th>
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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

<table>
<thead>
<tr>
<th>Sewage Treatment System:</th>
<th>Installation</th>
<th>Replacement</th>
<th>Alteration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soil Absorption</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
</tr>
<tr>
<td>NPDES System</td>
<td>5.</td>
<td>6.</td>
<td>7.</td>
</tr>
<tr>
<td>Non-NPDES System</td>
<td>9.</td>
<td>10.</td>
<td>11.</td>
</tr>
</tbody>
</table>

Gray Water Recycling System:

- Type 1
- Type 2
- Type 3
- Type 4

System Description

1. Septic tank to shallow leach lines
2. Pretreatment to shallow leach lines
3. Septic tank to sand mound
4. Pretreatment to sand mound
5. Septic tank to drip distribution
6. Pretreatment to drip distribution
7. Septic Tank to LPP
8. NPDES System
9. Pretreatment to LPP
10. Sand Lined Systems

- One foot credit allowed
- 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:

*THIS PERMIT IS VALID ONE(1) YEAR FROM THE DATE ISSUED.*

DATE ISSUED

PERMIT ISSUED BY (RS or SIT only)

SIGNATURE

PERMIT EXTENSION

Approved By Date Approved Date Expires

PLACE AUDIT STICKER BELOW

HEA Form 5444(1/15) Ohio Department of Health* Bureau of Environmental Health* Residential Sewage Program *(614) 644-7651 * BEH@odh.ohio.gov