

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

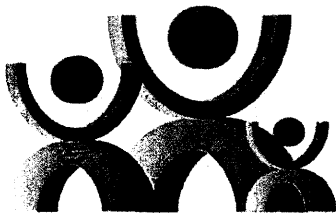
Date Approved (if Yes): _____ Variance requested for OAC 3701-29- _____

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)		
PERMIT EXTENSION		
Approved By	Date Approved	Date Expires



MARION PUBLIC HEALTH

Making Marion a healthier place to live, work, and play

NOTICE OF OWNER RESPONSIBILITIES UNDER OPERATIONAL PERMIT

I, the undersigned, agree to abide by all rules and regulations regarding the installation and operation of a household sewage disposal system (HSTS), which include but are not limited to the following:

1. The owner must provide proof to the Board of Health that a maintenance service agreement has been obtained with an authorized manufacturer's representative after the initial two year service period provided by the manufacturer for any system requiring an operation and maintenance (O & M) agreement. For systems that do not require and O & M, pumping records must be sent on a regular basis (every 3-5 years as needed).
2. Allow access to the property so Health District staff may perform routine HSTS operation inspections, with an understanding that an annual operation inspection fee will be charged, as well as re-inspection fees if the system is found to be operating improperly and re-inspections are needed to assure compliance with proper operating requirements.
3. For NPDES discharging systems, contract with an ODH approved lab to take samples to determine level of treatment, effluent quality, and other parameters at a minimum of once per year. Must provide results to Marion Public Health. **Owner / Operator will be required to reimburse the Health District for the cost of sampling if the owner/operator does not provide annual sampling results.**
4. System shall be maintained as designed and annual inspections and maintenance shall be done by an authorized registered service provider. Annual inspections shall include all minimum maintenance requirements as set by the manufacturer and/or Marion Public Health.

I further understand that I must disclose the nature of this septic system on a Residential Property Disclosure Form when I sell this property to a new buyer and that the new buyer will be required to ensure the same semi-annual maintenance and yearly inspections.

Signature of Owner/Operator

Date

Address of HSTS

Witness

Date

Permit # _____
(if applicable)

Local Health District:

Sewage Treatment System Abandonment

Owner Information

Owner Name:		Phone Number:
Location Address:		
County:	Township:	
Reason for abandonment:		

Applicant Statement of Compliance

I agree the household sewage treatment system or component(s) will be abandoned in accordance with rule 3701-29-21 of the Ohio Administrative Code. The contents of the sewage treatment system or component(s) to be abandoned shall be disposed in accordance with rule 3701-29-20 of the Ohio Administrative Code.

Signature of owner or authorized representative:	Date:
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For office use only:

Permit Issue Date (if applicable):	Local Health District::
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Abandonment Completion Report

Date completed:

System Contents *(Note: Completed pumping report must be attached)*

Registered Septage Hauler:	
Wastewater Disposal Site:	Solid Waste Disposal Site:

Abandoned Component(s) *(List all components abandoned and method of abandonment)*

Component 1: Filter	Method:
Component 2:	Method:
Component 3:	Method:
Component 4:	Method:

Person/Registered Installer Completing Abandonment

Signature:	Name (printed):
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Local Health District Inspection *(if applicable)*

Sanitarian Signature:	Sanitarian Name (printed):	Date:
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