

Application for:

- Site Review/System Design Review \$100.00
- Sewage Treatment System Permit \$524.00
- Small Flow Sewage Treatment System Permit \$574.00
- Sewage Treatment System Alteration \$410.00
- Small Flow Sewage Treatment System Alteration \$460.00
- Sewage Treatment System Abandonment \$25.00
- Gray Water Recycling Systems (see fee schedule)



Public Health
Prevent. Promote. Protect.

Zanesville-Muskingum County

205 N. 7th St.,
Zanesville, Ohio 43701
740-454-9741

Property Owner's Name

Phone

ADDRESS of Installation Site

City

Zip

CURRENT Mailing Address

City

State Zip

Structure: New Construction ___ Existing ___ **Estimated cost of septic system \$** _____

Check all that apply:

Single family dwelling ___ Number of bedrooms _____

Garage/Barn with restroom ___ Apartment Building ___ (number of units _____)

Commercial ___ Other _____

Business type _____ Number of employees _____

No portion of the system may be installed until the separate installation permit is approved by the Board of Health.

Applicant's Signature

Date

OFFICE USE ONLY: State Fee \$50.00/ \$25.00 Late Fee \$ _____ Amount Paid: \$ _____

Receipt No. _____ Date _____ Permit No. _____



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.

<input type="checkbox"/> Site Review Application, associated fees, and the following:	
<input type="checkbox"/> Completed Soil Evaluation in accordance with OAC rule 3701-29-07, If waived by the Board of Health, state why: _____	
<input type="checkbox"/> Completed STS Design, in accordance with OAC rule 3701-29-10	
<input type="checkbox"/> If applicable, Incremental replacement plan as per OAC rule 3701-29-09 (C).	
<input type="checkbox"/> Application for Permit and associated fees	
<input type="checkbox"/> Proof of registration with the Ohio EPA Class V injection well program <input type="checkbox"/> N/A	

This sewage treatment system permit is being issued to:

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

STS Contractor(s) performing the work. If unknown, leave blank.

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. <input type="checkbox"/> Septic tank to shallow leach lines | 2. <input type="checkbox"/> Pretreatment to shallow leach lines | 3. <input type="checkbox"/> Septic tank to 18"-30" leach lines |
| 4. <input type="checkbox"/> Pretreatment to 18"-30" leach lines | 5. <input type="checkbox"/> Septic tank to sand mound | 6. <input type="checkbox"/> Pretreatment to sand mound |
| 7. <input type="checkbox"/> Septic tank to drip distribution | 8. <input type="checkbox"/> Pretreatment to drip distribution | 9. <input type="checkbox"/> NPDES System |
| 10. <input type="checkbox"/> Other _____ | 11. <input type="checkbox"/> Septic Tank to LPP | 12. <input type="checkbox"/> Pretreatment to LPP |
| 13. <input type="checkbox"/> Spray Irrigation | 14. <input type="checkbox"/> Privy or Holding tank | 15. <input type="checkbox"/> Sand Lined Systems |

Soil Depth Credit (if applicable)

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

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

PERMIT #	DATE ISSUED
LOCAL HEALTH DISTRICT	PHONE NUMBER
PERMIT ISSUED BY (RS or SIT only)	SIGNATURE

PLACE AUDIT STICKER BELOW

PERMIT EXTENSION

Approved By	Date Approved	Date Expires
-------------	---------------	--------------