



SEWAGE TREATMENT SYSTEM (STS) PERMIT APPLICATION

Site Review (\$75) _____ System Design (\$120) _____ Operation and Maintenance (\$50) _____

New/Replacement Installation (\$350) _____ Alteration (\$311) _____ System Abandonment (\$50) _____

System Type: HSTS _____ SFOSTS _____ GWRS _____

- Household Sewage Treatment System (HSTS for a 1, 2, or 3 family dwelling)
- Small Flow On-site Sewage Treatment System (SFOSTS for non-residential, less than 1,000 gpd)
- Gray Water Recycling System (GWRS)

New _____ Replacement _____ Alteration _____ Number of Bedrooms _____ Est. Cost of System _____

Property Owner (please print) _____ Phone _____

System Address/Directions to Property _____

_____ Township _____

Owner's Mailing Address _____

Applicant's Name _____ Phone _____

Applicant's Address _____

Applicant's Email _____

*It is the joint responsibility of the property owner and backhoe operator to contact the **Ohio Utilities Protection Service** by calling 811 or 1-800-362-2764 at least two (2) working days prior to any digging.*

Property Owner's Signature _____ **Date** _____

Health District Use Only

Site Review Receipt # _____ Received by _____ Date _____

System Design Receipt # _____ Received by _____ Date _____

Environmental Use Only

Soil Evaluation Report Received By _____ Date _____

System Site Review Conducted By _____ Date _____

Variance and/or Building Review By _____ Date _____

Final System Design Approved By _____ Date _____