

Receipt #

Amount:  
Date Paid:

Permit #

Local Health District  
Fulton County Health Department  
606 S Shoop Avenue, Wauseon OH 43567  
Phone (419) 337-0915; Fax (419) 337-0561

# 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	Estimated System Cost: \$ _____
<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 or Designate Representative's Name (printed) / Mailing Address:	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

<b>Sewage Treatment System:</b>			
1. <input type="checkbox"/> Soil Absorption	2. <input type="checkbox"/> NPDES System	3. <input type="checkbox"/> Non-NPDES System	4. <input type="checkbox"/> Tank Replacement
<b>Gray Water Recycling System:</b>			
1. <input type="checkbox"/> Type 1	2. <input type="checkbox"/> Type 2	3. <input type="checkbox"/> Type 3	4. <input type="checkbox"/> Type 4
<b>System Description:</b>			
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	
<b>Soil Depth Credit (if applicable)</b>			
1. <input type="checkbox"/> One foot credit allowed	2. <input type="checkbox"/> Two foot credit allowed	<input type="checkbox"/> Six inch credit allowed	
<b>Was a variance granted by the Board of Health prior to this permit being issued?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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	PERMIT ISSUED BY (RS or SIT only)		SIGNATURE	PLACE AUDIT STICKER BELOW
PERMIT:	Extension:			
Approved By	Date Approved	Date Expires		