

## Site, Design, & Septic Permit Application

*Please fill out the following application so that we may better serve you in this process.*

Property Owner Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Address: \_\_\_\_\_ Township: \_\_\_\_\_

Parcel I.D. Number: \_\_\_\_\_ Proposed # bedrooms or GPD: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

A fee is due at the time of submittal of this application. The fees will be determined by the current fee schedule adopted by the Union County Board of Health and the Ohio Department of Health. A registered sanitarian will contact you should any questions arise throughout the review process.

Prior to review, a protective barrier must be placed around the sewage treatment system (STS) areas. A protective barrier will be placed on site (Date): \_\_\_\_\_

A site review will be performed after the date above. The STS absorption area should be mowed at the time of inspection to determine the natural grade of the ground. **If the protective barrier is not in place, a re-inspection fee may be assessed.** A protective barrier shall be a minimum of 18" above original ground level and be clearly visible from a minimum of twenty-five (25) feet away. Caution tape IS NOT acceptable as a protective barrier. Snow fence or silt fence are the recommended barriers.

\*Indicates requirements of the Ohio Administrative Code (OAC) 3701-29

**STS to be installed by:**

UCHD Registered Sewage Installer (company name): \_\_\_\_\_

Homeowner (Proof of passing required exam prior to permit issuance if installing their own STS or must be a registered sewage installer)

**Permit type requested:**       New       Alteration       Replacement       Abandonment

\*Estimated system cost: \_\_\_\_\_

I, \_\_\_\_\_ (property owner or authorized representative) hereby apply for a site review, plan review, and permit to install/alter/replace a STS.

- I agree to construct and install this system in compliance with the STS rules and regulations of the OAC and the Union County Health Department (UCHD). \_\_\_\_\_ **Initials**
- I understand the permit is only transferable upon the sale of the property for which the permit was issued. \_\_\_\_\_ **Initials**
- I agree not to deviate from the approved plan during the installation. Any deviation from the approved plan without prior, written approval from the UCHD may result in the system being disapproved. \_\_\_\_\_ **Initials**

- I agree to request a final inspection from the UCHD at least twenty-four (24) hours before completion to allow efficient scheduling. I will not cover any part of this STS until a final inspection has been performed and approved. \_\_\_\_\_ **Initials**
- I understand that an installation permit expires if the installation/alteration/replacement is not complete within twelve (12) months of issuance. \_\_\_\_\_ **Initials**
- I understand the operation permit will go into effect at the time of final approval of the installation/alteration/replacement. \_\_\_\_\_ **Initials**
- I understand that following the first twelve (12) months of operation, I will be required to operate my STS under the operation and maintenance program as adopted by the Union County Board of Health. \_\_\_\_\_ **Initials**
- I understand that the issuance of this permit is not an expressed or implied guarantee that the STS will operate satisfactorily on this site. Many factors such as but not limited to: site conditions, weather/soil conditions, and water usage may have an effect on the satisfactory operation of this STS. I further understand that workmanship is the basis of the final inspection. \_\_\_\_\_ **Initials**
- I agree to abandon this STS in accordance with all local and state codes when sanitary sewer becomes available and connect this residence/structure to said sewer system. I will disclose this to prospective buyers during transfer of property. \_\_\_\_\_ **Initials**
- I agree that STS options have been explained to me and the STS design plans submitted for review are of my choice. \_\_\_\_\_ **Initials**
- I agree that UCHD has the right to inspect the STS at all reasonable times. \_\_\_\_\_ **Initials**

**An application that does not include all required/applicable documentation will not be accepted.**

After all information has been submitted, review will begin. If all items are found to be in compliance Ohio Administrative Code 3701-29 and Union County Health Department rules, a permit may be issued. Receipt of this application does not guarantee a permit will be issued.

\*The site/plan approval expires five (5) years from date of approval. \*Failure to obtain a permit to install within five years of this approval date will result in this approval being null and void. Changes to the site/plans may require additional reviews and/or fees.

**THIS IS NOT YOUR PERMIT TO INSTALL, ALTER, OR REPLACE THE SEWAGE TREATMENT SYSTEM.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- **OFFICE USE ONLY** -----

**Date Received/Approved**

<b>STS Design:</b>		
<b>Soil Report:</b>		
<b>House Plans:</b>		

<b>Zoning Permit:</b>		
<b>Easement(s):</b>		
<b>Other:</b>		

**Receipt #:** \_\_\_\_\_ **Receipt Date:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**EH HDIS Entry by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Review Approval Date:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_