

Receipt #

Permit #

Local Health District **MARION PUBLIC HEALTH**
Environmental Health
181 S. Main Street
Marion, OH 43302

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

OPERATION 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 with mechanical components. For non-mechanical systems that do not require a service agreement, pumping and service records must be submitted to the Health Department by the homeowner at least every 5 years. Operation Permits Expire Annually for Mechanical Systems and every 5 years for Non Mechanical Systems
2. Allow access to the property so Health District staff may perform HSTS operation inspections as needed, with an understanding that an annual operation inspection fee will be charged if the homeowner does not provide evidence of inspection by a registered service provider within the time frame of the Operation Permit, 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 a registered service provider to take samples to determine level of treatment, effluent quality, and other parameters required by the household general NPDES permit at a minimum of once per year and provide service records when those results reach the OEPA action limits. Must provide sample 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 for mechanical systems. 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 maintenance, inspections and testing requirements of this Operation Permit.

Signature of Owner/Operator

Date

Address of HSTS

Local Health District:

MARION PUBLIC HEALTH
Environmental Health
181 S. Main Street
Marion, Ohio 43302

Sewage Treatment System (STS) Abandonment Permit/Report

Permit # (if applicable)

Audit Sticker (if applicable)

The permit with the original audit sticker and signatures must stay with the local health district. A copy must be given to the applicant at the time the permit is issued. The report must be completed and submitted to the local health district.

Property Information

Location Address:	Township:	County:
Reason for abandonment:		

Owner Information

Owner Name:	Phone Number:
Mailing Address:	

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):	Sanitarian Name (printed):	Sanitarian Signature:
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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:	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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