



Healthy People, Healthy Places

PUBLIC HEALTH

181 S. Main St., Marion, OH 43302 | (740) 387-6520 | www.marionpublichealth.org

Guide for Obtaining Permit to Install A Sewage Treatment System



How Obtain a New/Replacement Household Septic System Permit

1. Get a soils test done using a certified soil scientist. See page 7
2. If splitting a lot, fill out MPH Lot Split Feasibility Application. Once the lot is approved by Marion County Regional Planning and you have an address from the Marion County Engineers office you proceed to step 3. See page 8
3. Fill out Site and Plan Review Application. See page 10
4. Mail in: Completed application, paperwork from soil scientist, any designs and \$400.00 application fee. Marion Public Health 181 S Main St, Marion, Oh 43302. Fee amount subject to change annually.
5. Once we receive all the above, an Environmental Health Specialist (EHS) will visit the site within approximately 1-2 weeks, weather dependent. The site and plan review is good for 5 years as long as site conditions have not changed and the septic plans are the same.
6. For new and replacement systems, the next step is to bring in the signed Zoning approval and then have your installer of choice submit a Permit to Install (PTI) and Operation Permit (OP) applications for the septic system to be installed. (Make sure the designer discusses your options with you). Your installer must be registered with Marion Public Health.
7. Work **MAY NOT** begin until the design drawing has been reviewed and approved and the PTI (\$534) and OP (\$10) have been paid. The PTI is only good for 12 months. The Operation Permit must be renewed annually or every 5 years based on the type of system you have. The homeowner must sign the Operation Permit.

Note(s): A plumbing permit from Marion Public Health is required for new builds and remodels and must be inspected and approved prior to final approval of the septic system.

Fees are subject to annual change.

If you are replacing an aerator or septic tank to an off-lot tile (aka-discharging system), you will first need to get a permit from the EPA. Discharging systems have been disapproved since 2007 by the EPA for new lots or existing lots that have room for leach lines.

Needed Items for Septic System and New Lots

Items Needed for a Vacant or New Lot

- _____ Soil Report from Certified Soils Scientist
- _____ If splitting a lot, Fill out Marion Public Health Lot Split Feasibility Application and Fee
- _____ Site Evaluation by Health Department Environmental Health Specialist (EHS)

Items Needed for a New Build

- _____ Soil Report from Certified Soils Scientist
- _____ If splitting a lot, Fill out Marion Public Health Lot Split Feasibility Application
- _____ Site and Plan Review Application (included in this guide), Filled Out Completely
- _____ Site and Plan Review Application Fee
- _____ Site and Plan Evaluation by Health Department Environmental Health Specialist (EHS)
- _____ Zoning Form and Zoning Permit (if applicable) See page 5
- _____ Plan/Design Layout
- _____ Address from Marion County Engineering
- _____ Easements (if applicable)
- _____ Installation Permit & Operation Permit with a named Registered Installer*
- _____ Inspection
- _____ As-Built

Items Needed for a Replacement System

- _____ Soil Report from a Certified Soils Scientist
- _____ Site and Plan Review Application (included in this guide), Filled Out Completely
- _____ Site and plan Review Application Fee
- _____ Site and Plan Evaluation by Health Department Environmental Health Specialist (EHS)
- _____ Plan/Design Layout
- _____ Easements (if applicable)
- _____ Installation, Abandonment & Operation Permit with a named Registered Installer*
- _____ Inspection
- _____ As-Built

Items Needed for an Alteration

- _____ Site and Plan Review Application and Fee
- _____ Site **and Plan** Evaluation by Health Department **Environmental Health Specialist (EHS)**
- _____ Plan/Design Layout
- _____ Easements (if applicable)
- _____ Installation & Operation Permit with a named Registered Installer*
- _____ Inspection
- _____ As-Built

*For a list of installers visit <https://marionpublichealth.org/household-sewage-treatment-systems/>

Contractors Checklist

The following items must be turned in before applying for any permit. The following information will be stored in the file and will be used during the approval and inspection process. Please keep a copy of the site plan for your records. This is necessary as you may need to make changes, with **prior Marion Public Health approval**. You will submit any approved changes made during the installation of the system to Marion Public Health, if needed, otherwise write-in as-built on the form and turn in signed along with the install date per Ohio Sewage Rules OAC 3701-29.

Layout/Design Plan

- _____ A scaled drawing (example 1in = 3ft) on 8.5x11 paper with a North arrow
- _____ Owner Name
- _____ Address or street name accessing the parcel
- _____ Number of bedrooms in the current or proposed home
- _____ Location of any hardscapes (patios, walkways, fences, retaining walls, etc)
- _____ Geographic features (slope and direction (contour lines), streams, ponds, and/or other drainageways)
- _____ Size of existing or proposed septic
- _____ Spec Sheet for proposed septic tank
- _____ Location of existing septic tank and leach field
- _____ Location of test holes
- _____ Location of existing or proposed driveways and roads
- _____ Location of existing or proposed structures
- _____ Location of existing or proposed well
- _____ Location of utility lines and easements
- _____ Location of identified Primary and Secondary leach areas
- _____ Elevations from House to tank with proposed sewer line hook-up and elevations from tank to Distribution box.
- _____ Distribution box detail (show layout of each leach line into D-Box)
- _____ Elevations from header lines to end lines for both primary and secondary fields
- _____ Effluent Filter
- _____ Gradient/Interceptor drain discharge point (if to a tile: show elevations, direction of flow and inspection port. If daylight: show animal guard)
- _____ Distribution box detail (show layout of each leach line into D-Box)
- _____ Trench Depths
- _____ Trench Lengths
- _____ Trench and Drain separation distances
- _____ Isolation distances including P/L with dimensions
- _____ Gravel size or non-gravel products being used plus the spec sheets
- _____ If applicable, lift station size and spec sheet if needed.
- _____ Homeowner signed Operation and Maintenance Agreement Form See page 6

Once the design plan has been turned in, apply for a permit and the information will be reviewed before being approved. Make sure the design is in accordance with the Ohio Sewage Rules, Ohio Administrative Code 3701-29. Once PTI is approved, the installation can go forward. Contact the Marion Public Health for an inspection at least 48 hours before starting the septic system. Once the ok to cover has been given, go ahead and cover the septic system with the approved material and turn in the as-built drawing at that time or within 30 days of completion.

Zoning Form

Return this Form to Marion Public Health

APPLICANTS NAME:_____

APPLICANTS ADDRESS: _____, _____
(Street) (City)

(Zip code) _____ (Telephone): _____

The above applicant is requesting a Site Evaluation / Permits for well / septic system(s) in the township of _____

at the following location:

ZONING INSPECTOR ONLY

Does this site meet current minimum code standards of your township? YES NO
If **not**, please explain:

Is there a need for a Zoning Variance? YES NO

If YES, no further action will be taken by the Health Department until notification of approved variance.

Any special environmental conditions at this site which the Health Dept. should be aware of? Yes No

If yes, please explain:

Signed: _____ TWP: _____

No construction of any kind is allowed prior to obtaining all necessary Marion Public Health permits (Sewage and/or Water). Failure to follow this procedure will result in a 25% penalty on all permits except plumbing. Construction prior to permit issuance may negate our ability to issue a permit.

Homeowner Operation and Maintenance Agreement Form

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 the home with Septic Tank and Treatment System)

Site/Soil Evaluators*

ID #	BUSINESS NAME / PHONE / CONTACT	ADDRESS
7	SOIL & SITE LLC 419-718 4301 STEVE ROSS	3344 TOWNSHIP RD 26 CARDINGTON, OH 43315
1	SOIL AND ENVIRONMENTAL CONSULTING 1-614-579-1164 STEVEN MILLER, CPSSC	1974 N. 3 BS AND K RD SUNBURY, OH 43074
6	SOIL CONSULTANT MAPES SOILS 740- 548-6788 REX D. MAPES	41 HIGHMEADOWS CIRCLE POWELL, OH 43065
2	TORNES SOIL INVESTIGATIONS LTD740- 965-3254 LARRY TORNES	811 SR 61 N SUNBURY, OH 43074
8	W.S.C.S., LLC 419- 963-2542 FRANK GIBBS	PO BOX 346 RAWSON, OH 45881

System Designers*

BUSINESS NAME / PHONE	ADDRESS
BB DESIGN & CONSULTING, LLC 1-419-357-5643	CRAWFORD, OH
MVP SEPTIC DESIGN, LLC 1-614-859-0039	DELAWARE, OH
ROGER DIETRICH 1-740-223-4130	222 W CENTER ST MARION, OH 43302
SOIL AND ENVIRONMENTAL CONSULTING 1-614-579-1164	1974 N. 3B'S & K ROAD SUNBURY, OH 43074

***Marion Public Health is providing these lists as a convenience and does not endorse or recommend any particular business.**

LOT SPLIT FEASIBILITY APPLICATION

(Please Print)

I, _____, am requesting the services of a representative of Marion Public Health to perform a site evaluation for a proposed lot split(s).

Location of lot split(s): _____

Parcel #: _____ City/Township/Village: _____

Name: _____ Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

LOT/PARCEL SPLIT SITE EVALUATION PROCESS

- 1) Complete the above lot split form entirely and submit with applicable inspection/processing fee of **\$250.00**.
- 2) Submit an accurate scaled drawing or survey of the lot/parcel(s) to be created. The drawing or survey shall show the following items:
 - Hardscapes (driveways, walkways, etc)
 - Softscapes (trees, shrubs, etc)
 - Bodies of Water, if any
 - Soil absorption areas
 - All existing or proposed lot boundaries
 - Proposed Building Locations and Use on Site(s)
 - How many bedrooms?: _____
- 3) A soil evaluation completed in accordance with rule 3701-29-07 of the Administrative Code for each proposed lot.

NOTE(S): Once the soil evaluation, site evaluation and the drawing are submitted and reviewed, a written recommendation will be referred to the Marion County Regional Plan Commission for consideration of the proposed split(s). Any well/septic violations or required upgrades will result in a Notice of Violation to the current owner outlining the necessary corrective measures.

For any lots created that are less-than 5 acres, contact Marion County Regional Planning for their subdivision application and approval.

(Over)

Use space provided below or attach a scaled drawing of proposed lot/parcel split(s)
(THE DRAWING MUST BE NEATLY DRAWN & ACCURATE TO BE APPROVED)

☐ Check box if site plan attached



Refund policy: it is the policy of Marion Public Health to not refund fees once plans have been received, a site inspection has been made, or when work has been incurred by this agency. If special circumstances present themselves, the Health Commissioner or his representative may waive this policy.

 (Signature of individual requesting evaluation)

_____/_____/20_____
 (Date)

THIS OFFICE WILL MAIL, EMAIL, AND/OR FAX RESULTS TO THE APPROPRIATE GOVERNMENT AGENCY. UPON REQUEST, A COPY MAY BE FORWARDED TO THE APPLICANT. THIS EVALUATION IS NOT A PERMIT. ANY EVALUATION REPORT CREATED BY MARION PUBLIC HEALTH IS BASED UPON CURRENT REGULATIONS AND AN INSPECTION OF THE EXISTING PHYSICAL CONDITIONS OF THE PROPERTY. THIS REPORT IS NOT A GUARANTEE FOR A FEASIBLE BUILDING SITE, IN FACT, THE APPLICANT IS GIVEN NOTICE THAT THE REPORT MAY CONCLUDE THAT SUCH SITE IS NOT SUITABLE FOR DEVELOPMENT.

Application for Site & Plan Review for Household Sewage Treatment System (HSTS)

Proposed system to serve:

Single family dwelling	Two family dwelling	Three family dwelling	Vacation, rental cabin
Bed and Breakfast as defined in ORC 3717.42 (B)(2)		Privy	Holding Tank
Private home as defined in ORC 3717.42 (B)(13)		Gov't reg residential facility as defined in ORC 3717.42 (B)(4)	

Proposed system type: New Replacement Alteration

Please Type or Print in Ballpoint Pen:

Owner / Applicant		Phone #		Email:	
Mailing Address					
City		State		Zip Code	
Location of Property:					
Street Address of Property, if applicable:					
City		Zip Code	Township		Parcel #

Size of existing/proposed building lot: Acres: Frontage: Depth:

Before the site review can be scheduled, the following must be done by the applicant:

1. All property lines must be clearly marked, and
2. Primary and secondary sewage areas must be clearly marked and protected from disturbance.

I, the undersigned, hereby certify that the above information, and that included in the accompanying documents, is correct and truthful. I also understand that any deviation from the above may nullify approval of this site for a permit to install. I understand that this site review is not a permit to install. A separate permit will be required for installation, upon site approval. I understand that failure to submit all required documentation, fee(s), etc. within a timely and acceptable manner may result in a disapproved application and is subject to forfeit of any fees submitted.

This site review will expire five years after the approval date.

Owner / Applicant Signature

Date

Health Department Use Only

Plan Review Fee:	\$ 100.00	Receipt # / Date:	_____
Site Review Fee:	\$ 300.00	Receipt #/ Date:	_____
Total Fee	\$ 400.00		

The following accompanying documents are required for consideration for site review; **Must submit payment with application:**

- ☐ 1. Site and soil evaluation form completed by a certified soil scientist as outlined in OAC 3701-29-07 (D) & 29-08.
- ☐ 2. Scaled site drawing as outlined in OAC 3701-29-07 (E) & 29-08.
Site meets requirements set forth in OAC 3701-29-07 & 29-08? _____ Yes _____ No
- ☐ 3. Layout or design plan as outlined in OAC 3701-29-10 (C).
Design plan / layout plan meets requirements set forth in OAC 3701-29-10? _____ Yes _____ No

Date of Approval/Denial

Date of Site Inspection

Reviewer

I, _____ (property owner or authorized representative) hereby apply for a site review, plan review, installation/alteration/replacement application, and operation permit.	<u>Initials</u>
I agree to construct and install this system in compliance with the Sewage Treatment System rules and regulations of the Marion Public Health and the Ohio Department of Health.	
I understand the permit is only transferable upon the sale of the property for which the permit was issued.	
I agree not to deviate from the approved plan during the installation. Any deviation from the approved plan without prior, written approval from Marion Public Health will result in the system being disapproved.	
I agree to request a inspection from Marion Public Health at least 48 hours before completion to allow efficient scheduling. I will not cover any part of this system until a final inspection has been performed and approved.	
I understand that an Installation Permit expires if installation/alteration/replacement is not complete within 12 months of issuance.	
I understand the operation permit will go into effect at the time of final approval of the installation/alteration/replacement.	
I understand that I will be required to renew my operation permit at a period of yearly for mechanical systems and, every 5 years for non-mechanical-gravity systems.	
I understand that the issuance of a permit is not an expressed or implied guarantee that the system will operate satisfactorily on this site. Many factors such as but not limited to site conditions, weather conditions, water usage and fluctuation of the seasonal water table may influence the satisfactory operation of this system, and I further understand workmanship is the basis of the final inspection.	
I agree to abandon this system when sanitary sewer becomes available and connect this residence to central sewer. I will disclose this to a potential buyer during the transfer.	
I understand that I am required to maintain a service contract for mechanical components with a registered company and agree to do so for the life of the system per the operation permit.	
I agree that system options have been explained to me and the plans submitted for approval are my choice.	
I understand that all information regarding the permitting of this STS will be delivered to the applicant unless otherwise designated.	
I agree that Marion Public Health has the right to inspect the STS at all reasonable times.	
<p><u>NOTE:</u> AN APPLICATION THAT DOES NOT INCLUDE A SOIL REPORT, ADDRESS, HOUSE PLANS, AND DESIGN PLANS WILL NOT BE ACCEPTED. AFTER ALL THE INFORMATION HAS BEEN SUBMITTED, THE REVIEW WILL BEGIN. IF ALL ITEMS ARE FOUND TO BE IN COMPLIANCE WITH THE OHIO DEPARTMENT OF HEALTH AND MARION PUBLIC HEALTH DISTRICT RULES, A PERMIT MAY BE ISSUED. RECEIPT OF THIS APPLICATION DOES NOT GUARANTEE PERMIT. The Site/Plan Approval EXPIRES 5 years from date of approval*. Failure to obtain a permit to install within 5 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.</p> <p>THIS IS NOT YOUR PERMIT TO INSTALL, ALTER, OR REPLACE THE SEWAGE SYSTEM.</p> <p>Applicant Signature: _____ Date: _____</p>	