

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>	