



Summit County Public Health

STS Permit

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
www.scphoh.org

INSTALLATION OR ALTERATION PERMIT APPLICATION FOR A SEWAGE TREATMENT SYSTEM (STS)

Property Address: _____

City: _____ Zip: _____ Parcel ID: _____

Applicant's Information:

Name: _____ Phone #: _____

Email: _____

Mailing Address (if different): _____
City State ZipCode

Project Details (required):

The design of the STS for a project is based, in part, on the potential occupancy of the dwelling. A bedroom is defined as any room that can practically be used as a bedroom including a home office, den, etc.

Total number of bedrooms: _____

Water Source:

- One, two or three- family home
- Small Flow Onsite STS (SFOSTS)

- Municipal water
- Private Water System (well, cistern, etc.)

Permit Requested:

	Fee
<input type="checkbox"/> Installation Permit, New Home Construction	\$ 550.00
<input type="checkbox"/> Installation Permit, Replacement STS	\$ 550.00
<input type="checkbox"/> Alteration Permit, Tank Only	\$ 235.00
<input type="checkbox"/> Alteration Permit, Other: _____	\$ 235.00
Total Fee Due:	\$

I understand the following:

- That this application fee is non-refundable.
- That the issuance of this permit by Summit County Public Health is based on the information the designer and I have provided.
- That any deviation from the proposed plan may result in the voiding of this permit.
- That I will be required to comply with the terms of an Operation Permit for my STS and agree to pay the associated fee for that Operation Permit.
 - * Please note: This installation permit shall serve as the initial Operation Permit once final STS approval is granted.
- That if the STS required an NPDES permit through Ohio EPA, I will also adhere to the requirements of that permit.

Signature of Property Owner: _____ Date: _____

For SCPH use only:

Payment Information:		NPDES Approval: <input type="checkbox"/> N/A
Date Received: _____	<input type="checkbox"/> Cash	Approval Date: _____
Received by: _____	<input type="checkbox"/> Credit card	GPD: _____
Amount Paid: _____	<input type="checkbox"/> Check # _____	VSD: _____

Receipt #

Permit #

Local Health District

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. Soil Absorption 2. NPDES System 3. Non-NPDES System 4. Tank Replacement

Gray Water Recycling System:

1. Type 1 2. Type 2 3. Type 3 4. Type 4

System Description:

1. Septic tank to shallow leach lines 2. Pretreatment to shallow leach lines 3. Septic tank to 18"-30" leach lines

4. Pretreatment to 18"-30" leach lines 5. Septic tank to sand mound 6. Pretreatment to sand mound

7. Septic tank to drip distribution 8. Pretreatment to drip distribution 9. NPDES System

10. Other _____ 11. Septic Tank to LPP 12. Pretreatment to LPP

13. Spray Irrigation 14. Privy or Holding tank 15. Sand Lined Systems

Soil Depth Credit (if applicable)

1. One foot credit allowed 2. Two foot credit allowed Six inch credit allowed

Was a variance granted by the Board of Health prior to this permit being issued? Yes 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)	SIGNATURE	
PERMIT EXTENSION		
Approved By	Date Approved	Date Expires