Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
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STS Permit

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.

☐ One, two or three- family home
Total number of bedrooms: _____

Water Source:
☐ Municipal water
☐ Private Water System (well, cistern, etc.)

Permit Requested:

	Fee
☐ Installation Permit, New Home Construction	$ 550.00
☐ Installation Permit, Replacement STS	$ 550.00
☐ Alteration Permit, Tank Only	$ 235.00
☐ Alteration Permit, Other: _____	$ 235.00
Total Fee Due:	**$**

I understand the following:

- This application fee is non-refundable.
- The issuance of this permit by Summit County Public Health is based on the information the designer and I have provided.
- Any deviation from the proposed plan may result in the voiding of this permit.
- 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.
- If the STS required an NPDES permit through Ohio EPA, I will adhere to the requirements of that permit.

Signature of Property Owner: _____ **Date:** _____

For SCPH use only:

Payment Information:

Date Received: _____
Received by: _____
Amount Paid: _____

☐ Cash
☐ Credit card
☐ Check #_____

Right-of-Way Permit: ☐ **N/A**
Approval Date: _____

NPDES Permit: ☐ **N/A**
Approval Date: _____

GPD: _____ **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:

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