

## Application for:

- ☐ Site Review/System Design Review \$100.00
- ☐ Sewage Treatment System Permit \$524.00
- ☐ Small Flow Sewage Treatment System Permit \$574.00
- ☐ Sewage Treatment System Alteration \$410.00
- ☐ Small Flow Sewage Treatment System Alteration \$460.00
- ☐ Sewage Treatment System Abandonment \$25.00
- ☐ Gray Water Recycling Systems (see fee schedule)



**Public Health**  
Prevent. Promote. Protect.

Zanesville-Muskingum County

205 N. 7<sup>th</sup> St.,  
Zanesville, Ohio 43701  
740-454-9741

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Property Owner's Name

Phone

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**ADDRESS** of Installation Site

City

Zip

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**CURRENT** Mailing Address

City

State Zip

**Structure:** New Construction\_\_\_\_ Existing\_\_\_\_ **Estimated cost \$**\_\_\_\_\_

**Check all that apply:**

Single family dwelling\_\_\_\_ Number of bedrooms \_\_\_\_\_

Garage/Barn with restroom\_\_\_\_ Apartment Building\_\_\_\_ (number of units \_\_\_\_\_)

Commercial\_\_\_\_ Other \_\_\_\_\_

Business type\_\_\_\_\_ Number of employees\_\_\_\_\_

**No portion of the system may be installed until the separate installation permit is approved by the Board of Health.**

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Applicant's Signature

Date

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**OFFICE USE ONLY:** State Fee \$50.00/ \$25.00 Late Fee \$\_\_\_\_\_ Amount Paid: \$\_\_\_\_\_

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Permit No. \_\_\_\_\_



# 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.

<input type="checkbox"/> Site Review Application, associated fees, and the following: <input type="checkbox"/> Completed Soil Evaluation in accordance with OAC rule 3701-29-07, If waived by the Board of Health, state why: _____ <input type="checkbox"/> Completed STS Design, in accordance with OAC rule 3701-29-10 <input type="checkbox"/> If applicable, Incremental replacement plan as per OAC rule 3701-29-09 (C). <input type="checkbox"/> Application for Permit and associated fees <input type="checkbox"/> Proof of registration with the Ohio EPA Class V injection well program <input type="checkbox"/> N/A	
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This sewage treatment system permit is being issued to:

Owner's Name	Township
Property Street Address, City, OH (location of the installation, replacement or alteration)	

STS Contractor(s) performing the work. If unknown, leave blank.

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 |
|---|---|--|

**\*THIS PERMIT IS VALID ONE (1) YEAR FROM THE DATE ISSUED.\***

PERMIT #	DATE ISSUED
LOCAL HEALTH DISTRICT	PHONE NUMBER
PERMIT ISSUED BY (RS or SIT only)	SIGNATURE

PLACE AUDIT STICKER BELOW

PERMIT EXTENSION

Approved By	Date Approved	Date Expires
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