



# Clermont County Public Health

2275 Bauer Road, Batavia, OH 45103  
(P) 513-732-7499 (F) 513-732-7936

## APPLICATION FOR APPROVAL TO CONSTRUCT OR REPLACE A SEWAGE TREATMENT SYSTEM

\*Plumbing permit needed if all wastewater is not directed into the sewage treatment system\*

CONSTRUCT       REPLACEMENT       ALTERATION       REMEDIATION

EXISTING OP#: \_\_\_\_\_  SFD to SFD       ACCESSORY LETTER       OTHER \_\_\_\_\_

**Address of Construction Site:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**System to Serve:** Type of Building: \_\_\_\_\_ **Number of Bedrooms:** \_\_\_\_\_

**Water Supply:**  Private  Public  CCSWD  Tate-Monroe  Western  \_\_\_\_\_

### System Type Code

- Soil Absorption (1)
- NPDES Discharging (2)
- Non NPDES System (3)
- Tank Replacement (4)
- Tank Abandonment (5)
- Alternative Toilet (6)

### Soil Credit Used

- None (0)
- One foot credit (1)
- Two foot credit (2)
- Six inch credit (3)

### Geothermal HVAC

- Yes
- No

### Service Provider Required

- Yes
- No

### System Description Code

- Septic tank to shallow leach lines (1)
- Pretreatment to shallow leach lines (2)
- Septic tank to 18"-30" leach lines (3)
- Pretreatment to 18"-30" leach lines (4)
- Septic tank to sand mound (5)
- Pretreatment to sand mound (6)
- Septic tank to drip distribution (7)
- Pretreatment to drip distribution (8)
- NPDES System (9)
- Other (10)
- Septic tank to LPP (11)
- Pretreatment to LPP (12)
- Spray irrigation (13)
- Privy or Holding tank (14)
- Sand lined systems (15)

**Estimated Cost:** \$ \_\_\_\_\_ **Designer's Name:** \_\_\_\_\_ **System Flow GPD:** \_\_\_\_\_

**Sewage Treatment System Type:** \_\_\_\_\_ **# of Electrical Components:** \_\_\_\_\_

Component	Brand/Manufacturer/Detail	Size	Unit
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*By my signature below I certify that I have read, I understand and I agree to comply with the conditions set forth on the reverse hereof.\**

**Owner/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Field Inspection by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 BOH Variance Required: \_\_\_\_\_ Approved On: \_\_\_\_\_ Alteration Permit Required:  Alteration Permit # \_\_\_\_\_  
 Approved and Certified by: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT MUST READ AND INDICATE AGREEMENT BY SIGNING ON FRONT**

I understand that this application is subject to approval by the Health Commissioner or authorized agent. Following review and inspection, I may be required to supply additional information prior to approval. I understand that any approval granted on the basis of false or inaccurate information is automatically revoked. Approval is similarly revoked for my failure to comply with any requirement or condition agreed to herein.

I agree to have a Registered Installer obtain a Sewage Treatment System (STS) installation permit prior to starting any work on this (STS) installation. ***I understand that this application expires one year from the approval date***, and that no installation permit will be issued after that date.

Soil absorption systems must be installed on undisturbed soil and will not be permitted in areas where topsoil has been removed, filled over, or otherwise disturbed in a manner which will effect the performance of the system. I understand that ***the area designated for the septic system location must be protected from disturbance prior to installation***, and agree that no structures will be built in the designated future replacement area.

I further understand that if the system has electrical components, a permit and inspection approval must be obtained from the Clermont County Building Inspection Department prior to issuance of the final STS installation approval and permit to operate.

***I will not occupy a new dwelling or allow occupancy until all final tests and inspections have been conducted and approved.*** Soil absorption systems cannot be installed when soil conditions are too moist. I understand that weather and soil conditions may delay STS installation and subsequent occupancy of a new dwelling.

I hereby certify that the proposed work is authorized by the owner of record and that I am making this application as either the owner or his authorized representative. I agree to conform to all applicable laws of the State of Ohio and the County of Clermont.