

# CUYAHOGA COUNTY BOARD OF HEALTH

▪ 5550 Venture Drive    ▪ Parma, Ohio 44130    ▪ Phone: 216-201-2020    ▪ Fax: 216-676-1317    ▪ [www.ccbh.net](http://www.ccbh.net)

## Application For Permit To Install/Alter a Sewage Treatment System

| <b>Property Information</b>  |   |   |  |
|--|---|---|--|
| Property Address:  | Municipality:   | Zip Code:                                 |  |
| Permanent Parcel Number:   | Sub-lot Number:   | Water Supply (city, well, cistern):       |  |
| Owner Name :   |   | Phone Number :                            |  |
| Owner Address:   | Municipality:   | Zip Code:                                 |  |
| <b>By signing below I acknowledge that I have read and agree to all terms and conditions on this application and that to the best of my knowledge all the information provided with this application is factual.</b> |   |   |  |
| <b>Owner Signature :</b>   |   |   | <b>Date</b>                            |
| <input type="checkbox"/> Single Family <input type="checkbox"/> Other _____  | Bedroom # _____   | <input type="checkbox"/> New Installation | <input type="checkbox"/> Replacement   |
| <b>Permit Type Requested (Select One)</b>  |   |   | <b>Fee:</b>                            |
| <input type="checkbox"/> HSTS Installation/Replacement (Discharging)   |   |   | \$ 600.00                              |
| <input type="checkbox"/> HSTS Installation/Replacement (Non-Discharging)   |   |   | \$ 600.00                              |
| <input type="checkbox"/> HSTS Alteration   |   |   | \$ 300.00                              |
| <input type="checkbox"/> SFOSTS Installation/Replacement   |   |   | \$ 600.00                              |
| <input type="checkbox"/> SFOSTS Alteration   |   |   | \$ 300.00                              |
| <input type="checkbox"/> 25 % Late Fee (If Applicable)   |   |   | \$                                     |
| <b>Total Amount Submitted</b>  |   |   | <b>\$</b>                              |
| <b>STS Design Information (complete all sections applicable)</b>   |   |   |  |
| Primary Treatment:   | Manufacturer/Model:   | Size:                                     |  |
| Secondary Treatment Type:  | Manufacturer/Model:   | Size:                                     |  |
| Tertiary Treatment Type:   | Manufacturer/Model:   | Size:                                     |  |
| Dosing Tank(s) :<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Manufacturer/Model:   | Size:                                     |  |
| Soil Absorption Component type:  | Soil Depth Credit<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Vertical Separation Dist.<br>_____ Inches | Size:                                  |
| Design Flow:<br>_____ GPD  | Designer:   |   | <b>Estimated Cost of Installation:</b> |
| Design Notes:  |   |   |  |

**Complete This Section Only for a Discharging HSTS**

|  |                           |                              |                     |
|--|---------------------------|------------------------------|---------------------|
| NPDES Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No  | Date RFC was issued _____ | Date Coverage Obtained _____ |                     |
| NPDES Facility Permit Number:  | Receiving Stream:         | Discharge Location:          |                     |
| <b>STS Installer Information</b>   |                           |                              |                     |
| Installer Registration Number :  | Installer Phone Number :  | Installer Fax Number :       |                     |
| Installer Name :   | Installer Address:        | Installer Municipality:      | Installer Zip Code: |
| <b>By signing below I acknowledge that I have read and agree to all terms and conditions on this application and that to the best of my knowledge all the information provided with this application is factual.</b> |                           |                              |                     |
| Installer Signature  |                           | Date                         |                     |

**\*\* Make Checks Payable to the CUYAHOGA COUNTY BOARD OF HEALTH \*\***

All returned checks will be charged a processing fee of TEN DOLLARS (\$10.00)

**The Information Below Must be Provided for Permit to be Processed**

**Sewage Treatment System Type:**

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

**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 3.  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-\_\_\_\_\_

|   |        |   |              |
|---|--------|---|--------------|
| <b>For Office Use Only</b>  |        | Fee Paid :  | Log-in #:    |
| Approved By:  | Date : | Permit # :  | ODH Audit #: |
| <input type="checkbox"/> Site Review Application, associated fees, and the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Soil Evaluation in accordance with OAC rule 3701-29-07.</li> <li><input type="checkbox"/> Completed STS Design, in accordance with OAC rule 3701-29-10</li> <li><input type="checkbox"/> If applicable, Incremental replacement plan as per OAC rule 3701-29-09 (C).</li> </ul> |        | If waived by the Board of Health, state why: _____<br>Estimated System Cost:\$_____ |              |
| <input type="checkbox"/> Application for Permit and associated fees<br><input type="checkbox"/> Proof of registration with the Ohio EPA Class V injection well program <input type="checkbox"/> N/A   |        |   |              |

- An approved Design Plan in compliance with OAC Section 3701-29-10 must be submitted with this application if not on file with the Cuyahoga County Board of Health prior to submitting this Application for Permit to Install/Alter a Sewage Treatment System.
- **It is recommended that Site Plans for soil absorption systems be prepared by a professional engineer or surveyor with experience in soil absorption sewage treatment system design.**
- Areas designated for the initial installation and replacement of the STS must be protected from vehicular traffic and other disturbances. It is the responsibility of the property owner to ensure the protection of these areas. Failure to protect these areas may result in forfeiture of approval granted by this department deeming the property unsuitable to support the installation of an STS.
- The homeowner is required to maintain a service contract with an authorized service provider. Proof of the service contract must be provided to the Cuyahoga County Board of Health as a condition of the STS operation permit.
- No person shall operate an STS permitted and installed after January 1, 2007, without an approved and valid operation permit from the Cuyahoga County Board of Health.
- As required in OAC Section 3701-29-09 (F), an as-built record must be completed by the registered installer for every completed STS installation or alteration and must be submitted to the Cuyahoga County Board of Health as a condition of the installation or alteration permit.
- The homeowner is ultimately responsible for the operation and performance of the STS.