



Public Health
Prevent. Promote. Protect.

JEFFERSON COUNTY

www.jchealth.com

GENERAL HEALTH DISTRICT

500 Market Street, 6th Fl., Steubenville OH 43952

Phone: 740.283.8530 Fax: 740.283.8536

Property Owner _____

Applicant Name _____

Applicant mailing address _____

Phone Number _____ Cell _____ Email _____

Property Location: Parcel ID # _____

Street Address or Lot Number _____

Township, Village, or City _____

Directions _____

Lot size Frontage _____ Backline _____

Side _____ Side _____ Total Acreage _____

Primary Residence _____ Secondary or Rental Unit _____

Single Family Home _____ Duplex _____ Triplex _____ Total Number of bedrooms _____

Water Supply: Public _____ Private _____

Site Evaluator Registration Form

I Grant This Business Permission To Be A Site Evaluator request a site review of the above for proposed installation of a household sewage treatment system. I certify that the information provided is correct and I understand that this is not a permit to install. Site review expires one year from the date of approval.

Signature _____ Date _____

Office Use Only

Date of Site Review Approval _____

Sanitarian _____

Application Fee Paid \$ _____ Receipt # _____

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. <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	
Was a variance granted by the Board of Health prior to this permit being issued? <input type="checkbox"/> Yes <input type="checkbox"/> 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)		
PERMIT EXTENSION		
Approved By	Date Approved	Date Expires