

NOTE: An Approved Site Review Of The Property Is Required Before This Application Will Be Accepted



HENRY COUNTY HEALTH DEPARTMENT

1843 Oakwood Avenue
Napoleon, Ohio 43545
Phone: (419) 599-5545
Fax: (419) 592-6400
E-mail: healthdt@henrycoh.org

Application/Permit for Household Sewage Treatment System

Site ID#		<input type="checkbox"/> Approved layout drawing submitted
F E E S	New Sewage System	<input type="checkbox"/> \$300
	Replacement Sewage System	<input type="checkbox"/> \$300
	State Fee for New or Replacement system	<input type="checkbox"/> \$25
	Alteration of existing Treatment System	<input type="checkbox"/> \$250
	Operation Permit	<input checked="" type="checkbox"/> \$75
Total Fee: \$		
Date Paid / Clerk initials:		

*Requestor/Owner
Tax Parcel# of site
*Site Address
*City, State, Zip
*Township

*Sewage Treatment <u>Installer</u> (must be registered with HCHD)
*Estimated cost of system:
Street Address
City, State Zip
Contractor Phone No.

*Requestor/Owner Mailing address
*Street Address
*City, State, Zip
*Owner Phone No.

Home Builder (if applicable)	
Builder Contact Person	
Builder Contact Person Phone	
Date to begin construction	Month scheduled to complete

*** REQUIRED INFORMATION**

By submitting this application, the property owner agrees that the installation and operation of any household sewage system or any part thereof shall conform with the requirements of rules 3701-21-01 to 3701-29-21 of the Ohio Administrative Code and any other conditions which are specified on the permit to install, alter, or operate a household sewage system and are consistent with these OAC requirements.

*Owner/Applicant signature	*Date
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-----OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE-----

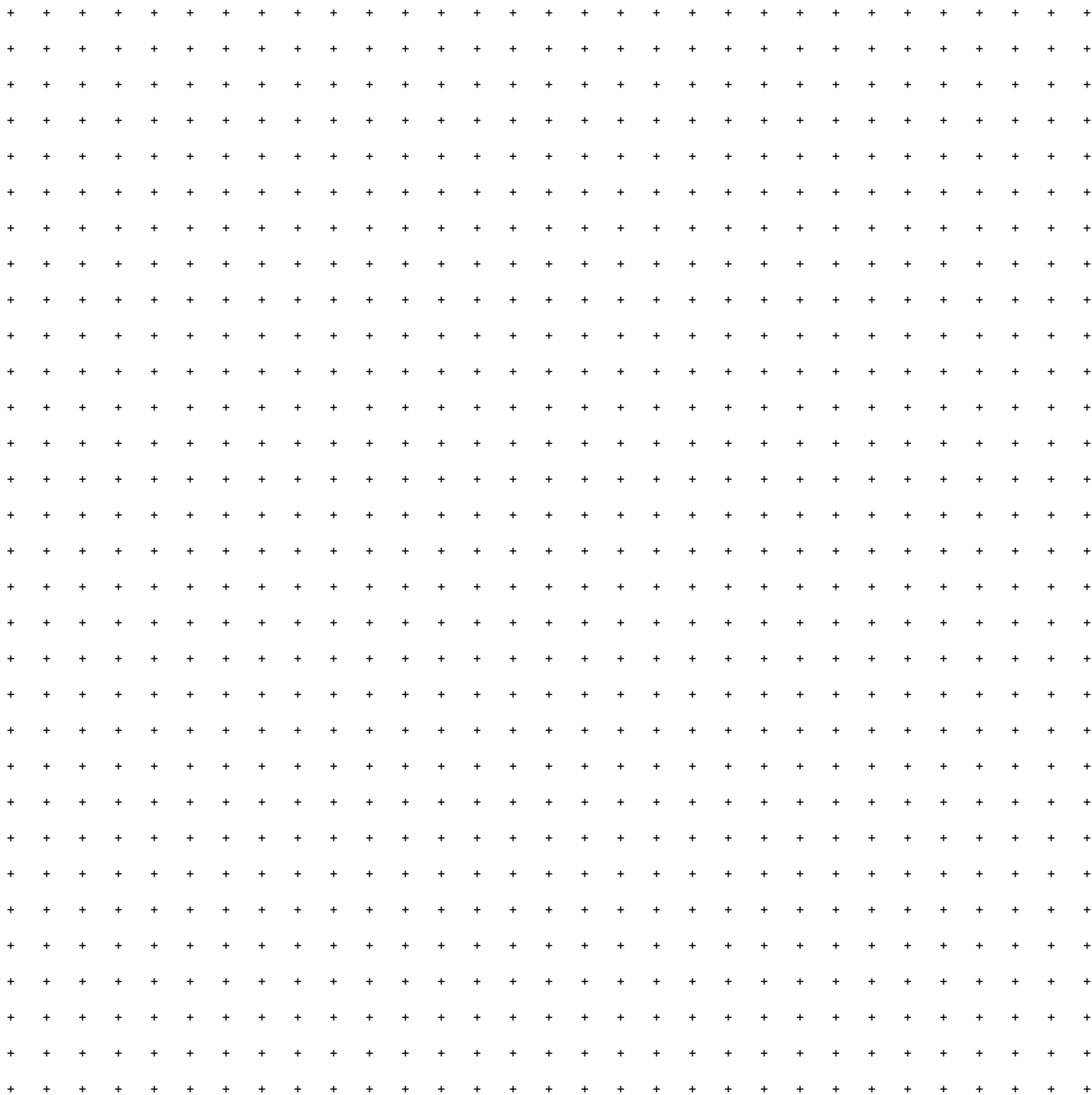
Permit approved by:	Date
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Variance requested? <input type="checkbox"/> yes <input type="checkbox"/> no	Description:	Approved <input type="checkbox"/> yes <input type="checkbox"/> no	Date
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Permit Info

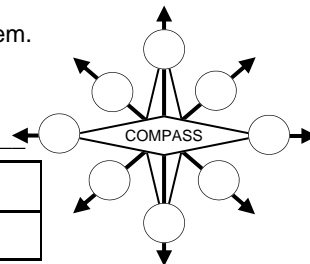
Inst. Permit #	Date Issued	Permit Expires	<input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Replace	System Type <input type="checkbox"/> 1. Soil Absorption <input type="checkbox"/> 2. NPDES System <input type="checkbox"/> 4. Tank Replacement	
System Description <input type="checkbox"/> 1. Septic tank to shallow leach lines <input type="checkbox"/> 3. Septic tank to 18"-30" leach lines <input type="checkbox"/> 9. NPDES System <input type="checkbox"/> 10. Other		System Flow <input type="checkbox"/> 360 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 120 <input type="checkbox"/> 600 <input type="checkbox"/> 720	Soil Credit <input checked="" type="checkbox"/> NA	Vertical Separation Distance <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4	
#	Estimated Cost	Category	Bedrooms	Acreage	Installer

INSTALLER INSTRUCTIONS: Complete form & provide the layout of the household sewage treatment system below. Include a benchmark location, relevant elevations, indicated scale & orientation, dimensions of system components, and location of any wells/water supplies.



I certify the site plan shown above is reasonably accurate with respect to the proposed sewage treatment system. If this site plan is approved for the installation permit, I agree that any changes to this site plan require that the Henry County Health Department to be notified prior to beginning any installation work.

Signature: _____



Property Address:	Name of Owner:
Installation Company:	Drawn By:
Date Drawn:	SCALE: _____ = _____

August 2007 HCHD

Layout plan approved disapproved by: _____ Date: _____