

# Guidelines for Sewage Treatment System (STS) Abandonments

## I) Application/Permit Completion

Thank you for following the proper steps outlined below to complete an STS abandonment(s). In order to obtain your permit, first complete and provide the following to Hamilton County Public Health (HCPH):

- (1) Fill in the upper portions of the attached Ohio Department of Health (ODH) *Sewage Treatment System (STS) Abandonment Permit/Report* Form. Sections to complete include Property Information, Owner Information, and Applicant Statement of Compliance. At this time, do not fill in the lower portion of the form titled "*Abandonment Completion Report*." This section will be completed when the abandonment fieldwork is performed. See more information outlined below in Step IV.
- (2) Complete the attached *Supplemental Information for Sewage Treatment System (STS) Abandonment* Form. This includes the Property Information, Abandonment Contractor Information, Reason for Abandonment, Building Sewer & Items Connected Details, Site Sketch, and Applicant Signature Certification.
- (3) \$75 STS/GWRS or \$100 SFOSTS Abandonment Fee. No fee applies when STS is replaced.

Once completed forms and payment have been provided to HCPH, the information provided will be reviewed by a HCPH Sanitarian for permit approval. In the case of missing or inaccurate information, you may be asked to provide additional data before the permit application is approved.

*Note: Locating all septic components may require the use of a special video camera and/or other necessary locating equipment to follow pipes. When performing a building demo, system must be located prior to demo being performed.*

Once approved by HCPH, the abandonment permit will be mailed to you and is valid for 6 months from the date of approval. Do not perform abandonment without an approved permit. It should be noted that if the property is already under orders expiring before the permit expiration date, then the shorter time line must be followed.

## II) Fulfill Code Requirements (Ohio Administrative Code 3701-29-21)

Have the contents of all tanks, dosing tanks, pretreatment components, leach wells and cesspools, and any other component which may pose a collapse hazard pumped and removed by a registered septage hauler. If applicable, solid materials such as filter media, mechanical devices, and other STS components, shall be taken to an approved solid waste disposal facility or otherwise legally disposed or reused in a manner that prevents a public health nuisance and contamination of surface or ground water.

The top shall either be completely removed or collapsed and at least one side collapsed to prevent containment of water in the abandoned tank or component. The resulting void shall be filled to the ground surface with inert and nonhazardous materials such as gravel or other coarse aggregate, or soil in an amount and manner that compensates for settling and prevents ponding of surface water.

## III) Provide Proof of Abandonment

The person(s) abandoning the STS must:

- (1) Take photos to prove the tank was empty at the time of abandonment.
- (2) Take multiple photos of the tank(s) after they have been collapsed to prove they will no longer hold water.
- (3) Take photos with a **reference point** in the background **to prove the location of the abandonment. If this is not provided, you will be required to re-excavate abandonment areas.**

## IV) Submit Final Forms and Photos

Fill out and submit the ODH *Sewage Treatment System (STS) Abandonment Report* Form (the remaining lower section labeled "*Abandonment Completion Report*") along with the *ODH Septage Pump Report* Form (completed by the Registered Septage Hauler) and the **photos** from Step III, within 14 days after the abandonment is complete. Hamilton County Public Health must receive these before finaling the permit. Once Hamilton County Public Health is notified the abandonment is complete, a representative will visit the site.

Local Health District:

# Sewage Treatment System (STS) Abandonment Permit/Report

Permit # (if applicable)

Audit Sticker (if applicable)

The permit with the original audit sticker and signatures must stay with the local health district. A copy must be given to the applicant at the time the permit is issued. The report must be completed and submitted to the local health district.

## Property Information

Location Address: Township: County: Reason for abandonment:

## Owner Information

Owner Name: Phone Number: Mailing Address:

## Applicant Statement of Compliance

I agree the household sewage treatment system or component(s) will be abandoned in accordance with rule 3701-29-21 of the Ohio Administrative Code. Signature of owner or authorized representative: Date:

### For office use only:

Permit Issue Date (if applicable): Sanitarian Name (printed): Sanitarian Signature:

# Abandonment Completion Report

Date completed:

## System Contents (Note: Completed pumping report must be attached)

Registered Septage Hauler: Wastewater Disposal Site: Solid Waste Disposal Site:

## Abandoned Component(s) (List all components abandoned and method of abandonment)

Component 1: Method: Component 2: Method: Component 3: Method: Component 4: Method:

## Person/Registered Installer Completing Abandonment

Signature: Name (printed):

## Local Health District Inspection (if applicable)

Sanitarian Signature: Sanitarian Name (printed): Date:



# Supplemental Information for Sewage Treatment System (STS) Abandonment

Greg Kesterman  
 Health Commissioner  
 250 William Howard Taft Road, 2nd Floor  
 Cincinnati, OH 45219  
 Phone 513.946.7800  
 Fax 513.946.7890  
 hamiltoncountyhealth.org

## Property Information

Location Address:	Permit #:
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## Abandonment Contractor Information

Name:	Phone Number:
Mailing Address:	
E-Mail Address:	

*To complete the items below, locating all septic components is required and may require the use of a camera or other necessary locating equipment prior to approval.*

## Reason for Abandonment

- Sanitary Sewer Connection  
  Structure Demo  
  System Replacement  
  Component Abandonment

Place an X in the appropriate column to denote plumbing connections. \*If an answer is NO, provide where the water is draining in the bottom COMMENTS section.

## Building Sewer & Items Connected Details

Number of building sewers in the building(s):   
 Number of buildings served :

Are the Plumbing Fixtures/Structures Listed Below Connected to the Current Sewage Treatment System (STS)?

YES	NO	NA	UNKNOWN		YES	NO*	NA	UNKNOWN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Kitchen Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(9) Gray Water Sump(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Garbage Disposal(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(10) Black Water Sump(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Dishwasher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(11) Water Softener(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Bathtub(s)/Shower(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(12) Floor Drain(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Toilet(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(13) Other Basement Plumbing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Bathroom Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(14) Garage Plumbing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Laundry Tub(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(15) Plumbing in Other Structure(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Washing Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(16) Air Conditioning Condensate
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(17) Other

Are the Items Listed Below Connected to Something other than the STS?

YES	NO	NA	UNKNOWN	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Gutters/Downspouts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Footer/Foundation Drains
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Clearwater Sumps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Exterior Drains
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Other: _____

Applicants Comments:

## Site Sketch (Structures, Hardscapes, Sewage Treatment System to be abandoned, etc.)

*Applicant certifies that this information is accurate to the best of their knowledge.* \_\_\_\_\_