

The following is a breakdown to assist you with filling out the application:

New or Replacement

- i New installation is for a structure being built that needs a sewage treatment system (STS)
- i Replacement is for a pre-existing structure that the sewage treatment system requires replacement

Political Subdivision

- i A political subdivision is a township, village, or contracting city within Hamilton County. (Example: Colerain Township, Village of Fairfax, City of Montgomery)

Address of Construction Site

- i The construction site is the address where the sewage treatment system is to be installed.

Tax Parcel # and Lot Size

- i This information can be located on your tax bill or you may wish to search your property information via the internet at www.hamiltoncountyauditor.org.

System To Serve

- i Single family residence, duplex (two-family), or triplex (three-family) dwelling.
- i Other-(Ex. Commercial facility)

Water Supply

- i Public (water supplier) would be to whom you pay for your public water service. This is not the same as if you have a private water system.
- i For private water, please mark all that apply to your property.

Plumbing Under Basement, Ejector Pit, Hung Sewer

- i Plumbing under basement is when the waste line exiting the building is under the basement floor.
- i An ejector pit is a sump pump device that pumps sewage up to the building sewer in order for the waste to exit the building at a higher elevation.
- i Hung sewer is when the waste line exits the building above the basement floor and is usually “hung” from the underside of the first floor joists.

Number of Bedrooms (Residential)

- i Indicate the number of all bedrooms, not the number of bedrooms being utilized.

Number of People in Structure

- i List the total number of the people that reside within the dwelling. For a commercial facility, list the number of people the system is designed for.

Monthly Water Usage (gallons) (Commercial/Residential)

- i This information can be obtained by contacting your local water supplier. In the event that you have hauled water, total your previous year of deliveries and divide that by 12 or the number of months you are totaling.

Water Softener, Garbage Disposal, Whirlpool Style Tub, High Capacity Shower, or Other Large Water Usage Fixtures

- i Please mark or fill in all that apply.

Should you require additional information, please contact our office at 946-7800 between 7:30 a.m. through 4:00 p.m.

All items under Ohio Administrative Code 3701-29 must be completed when the application is submitted, or we are required to return all items to the applicant. Please check off each item as they are implemented into the plans. If a particular item is not applicable put N/A. Return this completed check off list with your site plans.

Design of Septic System:

- _____ Detailed soil report with site drawing meeting the requirements of OAC 3701-29-07 and a septic system design from a qualified septic system designer/engineer. This design should include the following items:
- _____ One copy (1) of the soil morphology indicating limiting conditions
- _____ Four copies (4) of a site plan with scaled drawings of the system on the lot with soil sampling locations shown
- _____ Four copies (4) of the elevation plan with system components that are proposed for installation
- _____ Four copies (4) of the detailed onsite treatment system components to be used in the installation
- _____ One copy (1) of system design calculations for the home based on soil/site conditions
- _____ Other items described in OAC 3701-29-10.

Site Plan:

- _____ Scale should be one-inch equals fifty-feet or less. (Ex. 1 to 40, 1 to 30 etc).
- _____ Preparer's name, address, and telephone number.
- _____ Scale, north arrow, and date of drawing.
- _____ Street address is required. NO LOT NUMBERS.
- _____ Subdivision name or owner's name, address and telephone number. Property boundaries with courses and distances.
- _____ Road right-of-way and easement areas with boundary descriptions.
- _____ Topographical contours at two (2) foot intervals for lots having average slope of twenty-five (25) percent or less.
- _____ Location of the existing or proposed house, accessory buildings, driveways and all sewage system components and replacement area on the subject lot. Photocopies of all recorded easements, plus easement must be drawn on plot plan.
- _____ Location of all bodies of water, streams, ditches, sewers, drain tile, existing and proposed potable water supply sources and water service lines on this or adjacent lot within 150 feet of the proposed subdivision.

At the home/building site:

- _____ When surveyed, all property corners of each proposed lot shall be field staked prior to the submission of final individual site plans.
- _____ Septic system location, house location, and any other building structures will need to be flagged at the site.
- _____ Septic system location needs to be caution taped off to keep undisturbed.

Other documents for submission:

- _____ If the property has public water, only four (4) copies are necessary. If there will be a private water system on the property, five (5) copies of the plot plan and a private water application fee are required.
- _____ Copy of the recorded deed.
- _____ One full set of floor plans for the proposed home/building must be submitted with application and above items.
- _____ Completed application and the application fee of \$450 for household systems or \$650 for small flow systems.
- _____ One copy of the surveyed site plan as submitted to the Building Department.
- _____ One copy of the plumbing fixture and drainage piping plan as submitted to the Plumbing Division.

THIS LIST DOES NOT CONSTITUTE AN ENDORSEMENT OR RECOMMENDATION FOR ANY ONE DESIGNER

Site and Soil Evaluators:

Sewage Treatment System Designers:

Clear Creek Environmental

Dan Michael
dan@cckked.com
620 North Broadway
Lebanon, Ohio 45036
(800)299-4257

StreamKey, Inc.

Ron McAdams
ron@streamkey.com
10515 Reading Road
Cincinnati, Ohio 45241
513-792-9225

Evans Engineering

Jonathan Evans
jevans@evans-eng.net
4240 Airport Rd, Suite 108
Cincinnati, OH 45226
(513)321-2168

Area Wide Septic & Service

Perry Shoemaker
areawideseptic@yahoo.com
1170 Thorpe Road
Sabina, OH 45169
(937) 453-2656

SCS Engineers

Dan Brennan
DBrennan@SCSEngineers.com
2060 Reading Rd
Suite 200
Cincinnati, Ohio 45202
513-421-5353

Other Site/Soil Evaluators or Sewage Treatment System designers may exist; however, this list represents people that are familiar with the requirements of the State of Ohio and additional policies and standards of the Hamilton County Public Health. Always check references and websites like the Better Business Bureau before hiring any company.



250 William Howard Taft, 2nd Floor
 Cincinnati, Ohio 45219
 Phone: (513) 946-7800
 Fax: (513) 946-7890
 Web: www.hamiltoncountyhealth.org

Sub./Lot Review: _____ Fee Paid: _____
 Complaint: _____ Receipt #: _____
 Other: _____ Received By: _____

HAMILTON COUNTY GENERAL HEALTH DISTRICT

APPLICATION TO CONSTRUCT OR REPLACE A SEWAGE TREATMENT SYSTEM

APPLICANT TO FILL OUT SHADED SECTIONS ONLY.

NEW REPLACEMENT (Plumbing Permit Required If All Wastewater Is Not Directed To Septic System)

Address of Construction Site: _____ **Political Subdivision:** _____
 Owner(s) Name: _____ Tax Parcel #: _____ Lot Size: _____ acre(s)
 Phone Number: _____
 Mailing Address: _____
 System To Serve Water Supply
 Single Family Public (Water Supplier _____)
 Duplex Private
 Triplex Well Cistern Hauled Water
 Other: _____
 Plumbing Under Basement Ejector Pit Hung Sewer
 Number of Bedrooms: _____ Number of People in Structure: _____ Monthly Water Usage: _____
 Watersoftner Garbage Disposal Whirlpool Style Tub High Capacity Shower
 Other Large Water Usage Fixtures: _____

Soil Type / Characteristics: _____
 STS Daily Design Flow: _____ STS Average Design Flow: _____ Soil Absorption Rate: _____ Linear Loading Rate: _____

Sewage Treatment System Type: _____
Primary Treatment Tank: Building Sewer _____
 Controls _____
 Trash Trap _____ Gallons _____ Compartment(s) _____
 Septic Tank _____ Gallons _____ Compartment(s) _____
 Dosing Tank _____ Gallons _____ Compartment(s) _____
 Dosing Septic Tank _____ Gallons _____ Compartment(s) _____
 Dosing Basin _____ Depth _____ Diameter or _____ x _____
 Effluent Filter _____
 Screen Vault Filter _____
 Other _____
 Pump _____
 Siphon _____
 Gravity _____
Comments: _____

Secondary Treatment Unit: _____
 Intermittent Sand Filter _____ ft x _____ ft = _____ ft² _____
 Recirculating Gravel Filter _____ ft x _____ ft = _____ ft² _____
 Recirculating Sand Filter _____ ft x _____ ft = _____ ft² _____
 Recirculating Textile Filter _____ Manufacturer _____ Unit(s) _____
 Peat Biofilter _____ Manufacturer _____ Unit(s) _____
 Aerobic Treatment Unit _____ Manufacturer _____ GPD _____
 Other _____
 Filter Following Treatment Unit _____ Pump _____
 Dosing Basin _____ Depth _____ Diameter or _____ x _____ Siphon _____
 Soil Absorption (See Below) Gravity _____
Comments: _____

Soil Absorption Component: _____
 Gravel Pad _____ ft x _____ ft = _____ ft² _____ Depth _____
 Leaching Trenches _____ ft x _____ ft = _____ ft² _____ Depth _____ Total Ln. Ft. _____
 Leach Bed _____ ft x _____ ft = _____ ft² _____ Depth _____
 At-Grade _____ ft x _____ ft = _____ ft² _____
 Modified Mound _____ ft x _____ ft = _____ ft² _____ Sand Thickness _____
 Wisconsin Mound _____ ft x _____ ft = _____ ft² _____ Sand Thickness _____
 Other _____
 Gravity Distribution _____
 Drip Distribution _____
 LPP Distribution _____
Comments: _____

Drainage Enhancement: _____ **Disinfection Device:** _____
 Gradient Drain _____ Depth _____
 Interceptor Drain _____ Depth _____
 Diversion Swale _____
 Other _____
 Pump _____
 Chlorinator _____
 Chlorine Contact Chamber _____
 De-Chlorinator _____
 UV _____
 Other _____
Comments: _____

Remarks: _____ **ODH System Type:** Pretreat SDC
 Below Grade Pretreat SDC & Drip
 At or Above Grade Drip Only
 NPDES Discharge Spray/Surface App.
 None of the Above
 Refer to Site Plan _____ For Additional Details And Install System Per HCGHD Manual.

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's/Owner's Agent Signature: _____ Date: _____

Field Inspection By: _____ Date: _____ Approved By: _____ Date: _____
 This Application Expires Five Years From The Approved By Date. Replacement Systems Must Be Installed Within 120 Days of Approval Date.

Address of Construction Site:

Political Subdivision:

File #:

OWNER MUST READ AND INDICATE AGREEMENT BY SIGNING ON THE FRONT:

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 requirements or conditions herein or any additional requirements of the Hamilton County Board of Health or the State of Ohio.

I agree to have a Registered Installer obtain a Sewage Treatment System (STS) Installation Permit prior to starting any work on a STS installation. I also understand that a repair or alteration of a STS requires a permit from the Hamilton County Board of Health. I understand that **THIS APPLICATION EXPIRES 5 YEARS FROM THE APPROVED DATE**, and no installation permit will be issued after that date. If the application expires, I must re-apply for a new permit and pay another application fee.

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

I understand that the STS and all components contained within it require routine maintenance. Therefore, I agree to operate, maintain, and service the system and its components in accordance with any and all rules or requirements of the Hamilton County Board of Health and the State of Ohio. Depending on the STS type, a operation, monitoring, maintenance and service contract with a Registered Service Provider may be required before final system installation approval is granted and the STS is placed into operation.

All STS require an Operational Permit from the Hamilton County General Health District. I understand that Health District Personnel will monitor this STS as often as necessary to obtain information and to verify that the system is functioning in a satisfactory manner so that an Operation Permit may be issued. I understand that actions of Health District inspectors, engaged in the evaluation and determination of measures required for the siting, design, installation, and monitoring of this STS, shall in no way be taken as guarantee that the system will function in a satisfactory manner for any given period of time, or that the Hamilton County General Health District or any of its agents or employees assume any liability for damages, consequential or direct, which are caused, or which may be caused by a malfunction of the STS.

In the event that the STS fails to function in a satisfactory manner, as determined by the Hamilton County General Health District, I will take immediate action to correct any malfunctions, ensuring that the system functions in a satisfactory manner.

I WILL NOT OCCUPY A NEW DWELLING OR STRUCTURE OR ALLOW OCCUPANCY UNTIL ALL FINAL TESTS AND INSPECTIONS HAVE BEEN CONDUCTED AND APPROVED ON INTERIOR AND EXTERIOR PLUMBING AND THE SEWAGE TREATMENT SYSTEM.

I hereby certify that the proposed work is authorized by the owner of record. If I am signing this application as the owner's authorized agent, we have agreed to conform to all applicable laws of the State of Ohio and the regulations of the Hamilton County General Health District.