



250 William Howard Taft, 2<sup>nd</sup> Floor  
 Cincinnati, Ohio 45219  
 Phone: (513) 946-7800  
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 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:  Single Family  Duplex  Triplex  Other: \_\_\_\_\_  
 Water Supply:  Public (Water Supplier \_\_\_\_\_)  Private  Well  Cistern  Hauled Water  
 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 = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_  
 Recirculating Gravel Filter \_\_\_\_\_ ft x \_\_\_\_\_ ft = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_  
 Recirculating Sand Filter \_\_\_\_\_ ft x \_\_\_\_\_ ft = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_  
 Recirculating Textile Filter \_\_\_\_\_ Manufacturer \_\_\_\_\_ Unit(s) \_\_\_\_\_  
 Peat Biofilter \_\_\_\_\_ Manufacturer \_\_\_\_\_ Unit(s) \_\_\_\_\_  
 Aerobic Treatment Unit \_\_\_\_\_ Manufacturer \_\_\_\_\_ GPD \_\_\_\_\_  
 Other \_\_\_\_\_  
 Filter Following Treatment Unit \_\_\_\_\_  
 Dosing Basin \_\_\_\_\_ Depth \_\_\_\_\_ Diameter or \_\_\_\_\_ x \_\_\_\_\_  
 Soil Absorption (See Below) \_\_\_\_\_  
 Pump \_\_\_\_\_  
 Siphon \_\_\_\_\_  
 Gravity \_\_\_\_\_  
**Comments:** \_\_\_\_\_

**Soil Absorption Component:** \_\_\_\_\_  
 Gravel Pad \_\_\_\_\_ ft x \_\_\_\_\_ ft = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ Depth \_\_\_\_\_  
 Leaching Trenches \_\_\_\_\_ ft x \_\_\_\_\_ ft = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ Depth \_\_\_\_\_ Total Ln. Ft. \_\_\_\_\_  
 Leach Bed \_\_\_\_\_ ft x \_\_\_\_\_ ft = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ Depth \_\_\_\_\_  
 At-Grade \_\_\_\_\_ ft x \_\_\_\_\_ ft = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_  
 Modified Mound \_\_\_\_\_ ft x \_\_\_\_\_ ft = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ Sand Thickness \_\_\_\_\_  
 Wisconsin Mound \_\_\_\_\_ ft x \_\_\_\_\_ ft = \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ Sand Thickness \_\_\_\_\_  
 Other \_\_\_\_\_  
 Gravity Distribution \_\_\_\_\_  
 Drip Distribution \_\_\_\_\_  
 LPP Distribution \_\_\_\_\_  
**Comments:** \_\_\_\_\_

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

**Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**ODH System Type:**  Pretreat SDC  Pretreat SDC & Drip  
 Below Grade  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 One Year From The Approved By Date. Replacement Systems Must Be Installed Within 90 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 ONE YEAR 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.



# HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

*The following information will help you complete the Application to Construct or Replace a Household Sewage Treatment System:*

## **New or Replacement**

- New installation is for a new home being built
- Replacement is for a pre-existing dwelling that the sewage treatment system has been found in disrepair.

## **Political Subdivision**

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**

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

## **Tax Parcel # and Lot Size**

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](http://www.hamiltoncountyauditor.org).

## **System to Serve**

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

## **Water Supply**

- 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.
- For private water, please mark all that apply to your property.

## **Plumbing under Basement, Ejector Pit, Hung Sewer**

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

## **Number of Bedrooms (Residential)**

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

## **Number of People in Structure**

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)**

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. Commercial facilities should estimate water usage.

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

Please mark or fill in all that apply.

Should you require additional information, please contact our office at one of the following numbers:

Maggie Baldwin

7:30 a.m. - 4:00 p.m.

513- 946-7863

Mary Ann Robertson

8:00 a.m. - 4:30 p.m.

513-946-7872.

ps 081707