



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

Fee Paid: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

## HAMILTON COUNTY PUBLIC HEALTH

### APPLICATION FOR A SEWAGE TREATMENT SYSTEM/GRAY WATER RECYCLING SYSTEM INSTALLATION PERMIT OR ALTERATION PERMIT

APPLICANT TO FILL OUT ALL SECTIONS AND SIGN/DATE BELOW

Location of Construction Site: \_\_\_\_\_

Township/Village/City: \_\_\_\_\_

**APPLICATION IS FOR:**

- New Construction
- Replacement
- Alteration

**SYSTEM TYPE:**

- Household Sewage Treatment System (HSTS)
- Small Flow Onsite Sewage Treatment System (SFOSTS)
- Gray Water Recycling System (GWRS)
  - Type 1     Type 2     Type 3     Type 4

**PERMIT FEE:**

	PTI	ALTERATION PERMITS		
	PTI	JOB COST \$0-\$2,000	JOB COST \$2,001-\$5,000	JOB COST >\$5,000
TYPE 1 GWRS	\$400.00	\$140.00	\$240.00	\$340.00
TYPE 2-4 GWRS	\$474.00**	\$175.00*	\$275.00*	\$375.00*
HSTS	\$574.00**	\$175.00*	\$275.00*	\$375.00*
SFOSTS	\$674.00**	\$205.00*	\$305.00*	\$405.00*

\* INCLUDES \$35.00 STATE FEE

\*\* INCLUDES \$74.00 STATE FEE

Company Name: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Approved Final Inspection does not guarantee the life or performance of the sewage system. Failure to provide or properly maintain such a system or to discharge all the sewage from the premise into the sewage treatment system may be declared a public health nuisance by the Health Commissioner. It is understood that any approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and approval is similarly revoked for failure to comply with any requirement or condition agreed to herein.

**A SITE REVIEW WILL OCCUR IN ABOUT 5 BUSINESS DAYS BY A REGISTERED SANITARIAN. ONCE THE PERMIT APPLICATION IS APPROVED, A PRECONSTRUCTION CONFERENCE IS REQUIRED AT SITE WITH CONTRACTOR PRIOR TO COMMENCEMENT OF WORK. WORK MAY NOT BEGIN UNTIL THE APPROVED PERMIT IS RECEIVED.**

I hereby certify that this work is authorized by the owner or record and agree to conform to all applicable rules, laws, standards, terms, conditions policies of the State of Ohio, Hamilton County and the municipality the work is being completed in, including ORC 3718 and OAC 3701-29. Failure to do so or follow permit conditions may subject installer to civil or criminal action, or other legally authorized remedies.

**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.
- Once approved, the permit is valid for one (1) year from the date issued by the Board of Health.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO COMPLY WITH THE CONDITIONS OUTLINED ABOVE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_