

Dear Property Owner,

During the recent inspection of your sewage treatment system by the Hamilton County General Health District, your system was found to be malfunctioning. A malfunctioning sewage treatment system creates both a public health and environmental nuisance. Please utilize the following step by step procedures to start the process of properly replacing your sewage treatment system.

1. Please complete the top grey area of the application, sign and date the lower grey area. Included in this letter, you will find more detailed information on completing these sections. Return the application along with the *** application fee to this office: Hamilton County General Health District, 250 Wm. Howard Taft Road, 2nd Floor, Cincinnati OH, 45219. You will receive a completed copy of the application upon approval. Please note that the application fee does not cover any invoice(s) that have been issued for an inspection. *****Application Fee is \$390 for household systems or \$500 for small flow systems.**
2. Along with the completed application you will need to contact a sewage treatment system designer to evaluate the options that may be available for your property. You will need to submit the STS designer's design proposal and a complete site and soil report for your property in compliance with all codes. For your convenience the following is a list of sewage treatment system designers known by this office.
 - Clearcreek Environmental 800-299-4257
 - StreamKey, Inc. 513-792-9225
 - Evans Engineering 513-321-2168
 - Smallwood Septic Service 513-200-4585
 - Area Wide Septic & Service 937-453-2656
 - SCS Engineers 513-421-5353**Make sure to submit and complete all items on the attached checklist.**
3. After the replacement evaluation is completed, the homeowner will be mailed a completed copy of the approved Application to Construct or Replace. This may be used to obtain bids for the replacement. Most installers will want to see a copy of the approved Application to Construct or Replace prior to bidding the job. When the application is approved by the Registered Sanitarian, the homeowner will be given 120 days from the date of the approval to complete the replacement. The list of registered septic contractors is provided for your convenience. The Hamilton County General Health District **does not** recommend or endorse any company and or individual that is registered and bonded with the Hamilton County General Health District. If you wish to install the system yourself, you may do so by passing the state exam and obtaining continuing education credits. Please call 946-7800 for further information and paperwork required to register as an installer.
4. Your chosen contractor must obtain a Permit-To-Install the household sewage treatment system prior to commencing construction. After the household sewage treatment system is installed, but before it is covered, an open trench construction inspection will be conducted by a Registered Sanitarian to ensure proper system installation. When the Health District verifies the system to be properly installed, it will be approved and a green approval sticker containing the inspector's signature and title will be given to the septic contractor at the site or mailed to the homeowner. These approval stickers are usually placed on the hot water heater in the home. You should ask to see the approval sticker to assure your system has been approved.

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

New or Replacement

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

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 household 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 dwelling 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 home at a higher elevation.
- i 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)

- 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. Commercial facilities should estimate water usage.

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

REPLACEMENT SYSTEM CHECKLIST

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 \$390 for household systems or \$500 for small flow systems.



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 _____
 Dosing Basin _____ Depth _____ Diameter or _____ x _____
 Soil Absorption (See Below) _____
 Pump _____
 Siphon _____
 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: _____
 Gradient Drain _____ Depth _____
 Interceptor Drain _____ Depth _____
 Diversion Swale _____
 Other _____
 Pump _____
Disinfection Device: _____
 Chlorinator _____
 Chlorine Contact Chamber _____
 De-Chlorinator _____
 UV _____
 Other _____
Comments: _____

Remarks: _____
 Refer to Site Plan _____ For Additional Details And Install System Per HCGHD Manual.
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

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.

KNOW THE FACTS!

FINANCIAL AID INFORMATION FOR SEPTIC REPAIR/REPLACEMENT AND WATER/SEWER CONNECTIONS

Financial aid may be available to homeowners who are repairing or replacing their household sewage treatment system or those connecting to water or sewer lines.

GRANTS

Hamilton County & Ohio EPA WPCLF Grant

Contact: (513) 946-7800.

- This is a **grant** program based on family income.
- Moneys may be used for sewage treatment system replacement and sewer connection costs for failing sewage treatment systems.
- Hamilton County Public Health bids projects and selects contractor.
- Payment issued directly to contractor after the installation is approved by Hamilton County Public Health.

LOANS

Hamilton County Home Improvement Program (HIP)

Contact: (513) 946-4459.

- This is a bank **loan** at an interest rate 3 percent below normal.
- May be used for septic systems, water/sewer connections and many other home improvements.
- No income restrictions for eligibility, but must meet bank's credit requirements.
- Can be used to correct code violations.

GRANTS & LOANS

U.S. Department of Agriculture – Rural Development

Contact: (937) 393-1921.

- This is a **loan** or **grant** program.
- **Grants** are based on family income and applicants must be over 62 years of age.
- **Loans** have no age restrictions, but may have income restrictions.
- Moneys may be used for sewage treatment systems and sewer tap fees or other home repairs.
- Areas covered under this program often vary. Contact the USDA Rural Development Office for eligibility and current coverage areas.
- Payment will be issued after the installation is approved by Hamilton County Public Health.

People Working Cooperatively

Contact Production Support Department:

(513) 351-7921.

- **Grant** and **loan** programs are based on family income.
- Money may be used for sewage treatment system repair/replacement and sanitary sewer repair/connection costs.
- Some areas are not covered under this program.
- Payment will be issued after the work is approved by Hamilton County Public Health.

For more information, please contact the Water Quality Division at (513) 946-7966

The provided information is believed to be accurate; however, program changes may occur. Feel free to contact 513-946-7966 with any questions.



PREVENT. PROMOTE. PROTECT.

250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219
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hamiltoncountyhealth.org

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