

# Sewage Treatment System or Gray Water Recycling System Installation/Repair Inspection/Reinspection Fee

Fee Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

REI# \_\_\_\_\_

Received by \_\_\_\_\_

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Residential

Commercial

STS or GWRS Location

Permit Number (If Applicable)

Township/Village/City

Circle One: Inspection Fee or Reinspection Fee

List work to be inspected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Contractor Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

By signing below, I agree to follow all laws, rules, standards, and policies of Hamilton County Public Health and the State of Ohio.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date