

## APPLICATION FOR PERMIT TO INSTALL AND OPERATE A HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS)

FULTON COUNTY HEALTH DEPARTMENT 606 S. Shoop Avenue Wauseon, OH 43567 Phone: 419-337-0915 Email: fultcohd@odh.ohio.gov	<b>OFFICE USE ONLY</b> Permit # _____ Date installation permit issued _____ (Permit expires one year from this date) Fee paid _____ Clerk _____
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New   
  Replacement (existing house)   
  Alteration (of an existing system)   
  NPDES Permit required/Date OEPA notification provided \_\_\_\_\_  
 Variance Required?     Yes     No

Installer \_\_\_\_\_ Registration # \_\_\_\_\_  
 Property Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Current Mailing Address \_\_\_\_\_

HOUSE NUMBER WHERE HSTS WILL BE INSTALLED \_\_\_\_\_ CITY OR VILLAGE \_\_\_\_\_  
 Number of Bedrooms \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

Water Supply:     proposed     existing     public   
 Type:     Deep well     Shallow well     Pond     Hauled Water Tank

I/we, the undersigned, hereby agree to install, replace, or alter the sewage treatment system named in this permit application in accordance with the attached layout or design plan as approved, the Fulton County Sewage Treatment System Rules Chapter 29, and all other applicable rules.

I/we also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the sewage treatment system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 29. I/we agree to make arrangements for inspection and approval by the FCHD *after* the HSTS installation is complete and *before* it is covered up.

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

**A \$290.00 FEE MUST ACCOMPANY THIS PERMIT APPLICATION**

This application will not be processed until **all** of the following have been completed:

- 1) This form has been signed by the applicant
- 2) The appropriate fee has been submitted
- 3) A soil evaluation has been completed and approved or a NPDES permit obtained
- 4) A site review has been completed and approved  
Including submission of a floor plan and site plan
- 5) A HSTS layout or design plan has been submitted and approved

- Estimated Cost of System
- Less than \$3,000
  - \$3,000 – \$6,000
  - \$6,001 – \$8,000
  - \$8,001 – \$12,000
  - \$12,001 – \$15,000
  - \$15,001 – \$20,000
  - Greater than \$20,000

**Do Not Write Below This Line**

Installation Permit approved by (registered sanitarian signature required)	Date
Operation Permit approved by (registered sanitarian signature required)	Date

Type of Operation Permit:     One Year     Five Year

Variance requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved/Disapproved
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**6 mo. Permit Extension**

Approved by:	Date approved:
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Note: Not valid without official Audit number or issued as an alteration