



# Delaware General Health District

*Dedicated to Your Health*

## Division of Environmental Health

1 West Winter Street, 2<sup>nd</sup> Floor, P.O. Box 570, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

### SITE, PLAN, & PERMIT APPLICATION

Site address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ Size (acres): \_\_\_\_\_ Proposed # Bedrooms: \_\_\_\_\_ Lot #: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Person requesting: \_\_\_\_\_ Phone #: \_\_\_\_\_

Affiliation to Property (Builder, Installer, etc.): \_\_\_\_\_

Requesters Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Owners Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior to review, a protective barrier must be placed around the Sewage Treatment System (STS) areas. A protective barrier will be placed on site (Date): \_\_\_\_\_.

A site review will be performed after the date above. The STS absorption area should be mowed at the time of inspection to determine the natural grade of the ground. **If a barrier is not in place, a reinspection fee may be assessed.** A protective barrier shall be a minimum of 18" above natural ground level and be clearly visible from 25' away. Caution tape is not to be used as a barrier. Snow fence or silt fence are the recommended barriers.

The soil loading rates assigned to the septic treatment system were determined by your soil scientist. The soil loading rates are based on soil characteristics observed by the soil scientist. Soil characteristics may change due to compaction or disturbance. If the soils are compacted or disturbed, the soils may need to be reevaluated or the system may need to be redesigned. If the soils are severely disturbed, the replacement area may be used but another replacement area will need to be identified. If redesigns are necessary, additional fees and inspections may be required.

\*Indicates requirements of the Ohio Administrative Code Chapter 3701-29

**System to be Installed by:**  DGHD Registered Installer (company name): \_\_\_\_\_

HOMEOWNER (Proof of passing required exam prior to permit issuance if installing their own STS or must be a registered installer)

**System to Potentially Serve:**  Household  SFOSTS  Gray Water System  Semi-public

**Permit Type Requested:**  New  Alteration  Replacement  Abandonment

Estimated system cost\*: \_\_\_\_\_

I, \_\_\_\_\_ (property owner or authorized representative) hereby apply for a site review, plan review, and installation/alteration/replacement application.

• I agree to construct and install this system in compliance with the Sewage Treatment System rules and regulations of the Delaware General Health District and the Ohio Department of Health. \_\_\_\_\_ **Initials\***

• I understand the permit is only transferable upon the sale of the property for which the permit was issued. \_\_\_\_\_ **Initials\***

• I agree not to deviate from the approved plan during the installation. Any deviation from the approved plan without prior, written approval from the Delaware General Health District will result in the system being disapproved. \_\_\_\_\_ **Initials\***



# Delaware General Health District

*Dedicated to Your Health*

## Division of Environmental Health

1 West Winter Street, 2<sup>nd</sup> Floor, P.O. Box 570, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

- I agree to request a final inspection from the Delaware General Health District at least 24 hours before completion to allow efficient scheduling. I will not cover any part of this system until a final inspection has been performed and approved. \_\_\_\_\_ **Initials\***
- I understand that an Installation Permit expires if installation/alteration/replacement is not complete within 12 months of issuance. \_\_\_\_\_ **Initials\***
- I understand the operation permit will go into effect at the time of final approval of the installation/alteration/replacement. \_\_\_\_\_ **Initials\***
- I understand that I will be required to renew my operation permit at a period of: yearly for mechanical systems and, every 5 years for non-mechanical-gravity systems following the first 12 months of operation. \_\_\_\_\_ **Initials\***
- I understand that the issuance of a permit is not an expressed or implied guarantee that the system will operate satisfactorily on this site. Many factors such as but not limited to: site conditions, weather conditions, water usage and fluctuation of the seasonal water table may have an effect on the satisfactory operation of this system and I further understand workmanship is the basis of the final inspection. \_\_\_\_\_ **Initials\***
- I agree to abandon this system when sanitary sewer becomes available and connect this residence to central sewer. I will disclose this to a potential buyer during transfer. \_\_\_\_\_ **Initials\***
- I understand that I am required to maintain a service contract with a registered company and agree to do so for the life of the system per the Operation permit. \_\_\_\_\_ **Initials\***
- I agree that system options have been explained to me and the plans submitted for approval are of my choice. \_\_\_\_\_ **Initials\***
- I agree that DGHD has the right to inspect the STS at all reasonable times. \_\_\_\_\_ **Initials\***

**AN APPLICATION THAT DOES NOT INCLUDE A SOIL REPORT, HOUSE PLANS, AND DESIGN PLANS WILL NOT BE ACCEPTED.**

AFTER ALL INFORMATION HAS BEEN SUBMITTED, REVIEW WILL BEGIN. IF ALL ITEMS ARE FOUND TO BE IN COMPLIANCE WITH OHIO DEPARTMENT OF HEALTH AND DELWARE GENERAL HEALTH DISTICT RULES, A PERMIT MAY BE ISSUED. RECEIPT OF THIS APPLICATION DOES NOT GAURANTEE PERMIT.

The Site/Plan Approval EXPIRES 5 years from date of approval\*. Failure to obtain a permit to install within 5 years of this approval date will result in this approval being null and void\*. Changes to the site/plans may require additional reviews and/or fees.

**THIS IS NOT YOUR PERMIT TO INTALL, ALTER, OR REPLACE THE SEWAGE SYSTEM.**

**Requester Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----OFFICE USE ONLY-----

	Date Received
DESIGN PLANS	_____
SOIL REPORT	_____
HOUSE FLOOR PLANS	_____