

DELAWARE GENERAL HEALTH DISTRICT
1 WEST WINTER STREET
DELAWARE, OH 43015
1-740-368-1700 Fax:1-740-368-1736

Application to Operate a
Semi-Public Sewage Treatment System

Inspection Program OCTOBER 1, 2015 to SEPTEMBER 30, 2016

Today's Date: _____

Directions: Correct any inaccurate information in numbers 1 through 6
below. Sign and date application and remit fee by
OCTOBER 1, 2015

1) Name of Facility served by the
Semipublic Sewage Disposal System _____

2) Facility Address: _____

3) Facility's Phone: _____

4) Operator's Name: _____

5) Operator's Phone #: _____

6) Mail to Address: _____

(if different from above) _____

7) System Type: _____

8) Operation/Inspection Fee: 0.00

FEE SCHEDULE (Please Return Entire Form)

SCHOOLS/FSO/POOL/CAMPGROUND or MHP	-----	0.00
SCHOOL W/O FSO	-----	35.00
FEDERAL/STATE GOVERN'T	-----	0.00
ON LOT STS	<1,500 gpd-----	50.00
OWNER OCCUPIED	<1,500 gpd-----	0.00
HOLDING TANK	-----	50.00
LOCAL GOVERNMENT	-----	35.00
AERATOR	<1,500 gpd-----	50.00
AERATOR	1,500 - 4,999 gpd-----	100.00
AERATOR	5,000 - 14,999 gpd-----	190.00
AERATOR	15,000 - 25,000 gpd-----	330.00
Late Fee Penalty	-----	25% of permit fee

9) I hereby certify that I am the operator of the facility indicated
above or the authorized representative.

Date _____ Signed: _____

Print Name: _____

(For Office use only below this line)

OPERATIONAL PERMIT

Date Issued _____ Issued By _____

ID# _____

P.S.