

# SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

HOCKING COUNTY HEALTH DEPARTMENT  
350 ST. RT. 664 NORTH, LOGAN, OH 43138

PH: 740-385-3030 EXT. 2 ♦ FAX: 740-385-2252 ♦ www.hockingcountyhealthdepartment.com

*Before permits can be issued the following must be submitted: a copy of the property deed, a county-assigned address, floor plans, and applicable fees. Checks may be made payable to HCHD.*

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Township: \_\_\_\_\_ Subdivision/Lot#: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Registered STS Installer: \_\_\_\_\_  
*(Property owners must register with the Health Department to install/alter/replace their own system)*

Directions to site: \_\_\_\_\_

# of bedrooms: _____	Transient Rental: Y / N	# of Acres: _____	Plumbing Permit required: Y / N
----------------------	-------------------------	-------------------	---------------------------------

How would you like to receive future correspondence?  mail  email other: \_\_\_\_\_

*Prior to installing a manufactured home, a permit is required from the County Auditor (740-385-2127) and the Industrial Compliance Section of the Ohio Department of Commerce (800-523-3581).*

### **For New Construction Only:**

Was the site stripped or surface mined? Y / N	Is the property in the 100-year floodplain? Y / N	
Minimum 60' of public road frontage: Y / N	Basement plumbing? Y / N	Geothermal? Y / N

*I, the owner or owner's representative, agree to allow the Hocking County Health Department access to the described parcel to perform necessary tests and observations. I further agree to obtain a Building Placement Permit prior to home placement/construction. I agree to **install, operate, and maintain** the sewage treatment system (STS) in accordance with all local and state codes. I understand that wet or frozen conditions may delay system installation. **I agree to contact the Health Department for final inspection of the STS at least 1 business day prior to backfilling and will not occupy the property until the system is approved.** The Hocking County Health Department assumes no responsibility for the efficient functioning of any sewage or water system.*

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **Site/Soil Evaluation**

Prior to placing a home or beginning construction, a site evaluation is required. Please contact this office to schedule an appointment for a sanitarian to meet at the site to discuss the best location for the sewage treatment system (STS). Lot lines must be identifiable or flagged.

The size and type of STS is determined from the estimated waste flows and soil analyses. You can hire a soil scientist through the Association of Ohio Pedologists website at [www.ohiopedologist.com](http://www.ohiopedologist.com) to conduct the soil analyses OR have a backhoe present during the site evaluation to dig 2 test holes 5 feet deep in the proposed area for the STS while the sanitarian is present. Please note that a soil report from a soil scientist is required if there is not enough room for a standard STS or if the soil has been disturbed such as from strip or surface mining.

### **LOCATE ALL UTILITIES PRIOR TO DIGGING - 1-800-362-2764**

### **Final Inspection & Grading**

This office must conduct a final inspection of the system before it is covered. If the system is covered prior to inspection, it must be uncovered for approval. No home or building may be occupied until the system is approved. After the final inspection, the installer will cover the system. It will take time for the soil to settle. The final grading may not be finished till several months after installation so please discuss this process with your installer. It is best to sow the leach field with grass. Do not plant trees, shrubs, or a garden over the leach field. Make sure gutter downspouts and footer drains extend past or away from the leach field. The lids for the septic tank or pretreatment unit, distribution device, and inspection ports must remain above grade for easy access.

### **Operation Permit**

The Operation Permit is valid for ten (10) years at which time it must be renewed. This office will conduct an inspection of the STS one year after it is installed then again in nine years unless inspected by a Registered Service Provider. An Operation Permit renewal notice will be sent to you after the ten-year inspection.

### **Other Agencies Involved in the Building Process**

- Planning Office for lot splits and floodplain information - 740-380-9634
- Map & Drafting for a county-assigned address - 740-385-8546
- Recorder's Office for copy of the deed - 740-385-2031
- ODOT for driveway permit on a state route - 740-385-2629
- Engineer's Office for driveway permit on a county road - 740-385-8543
- Township trustee for driveway permit on a township road. A complete list of township trustees is available on our website, at the Engineer's office or at [www.hockingcountyengineer.com](http://www.hockingcountyengineer.com).
- Ohio Dept. of Commerce for commercial buildings & transient rental cabins - 1-800-523-3581

### **Health Department Use Only:**

Permit	Fee	Date	Receipt	Permit #
Site Evaluation with or without soil report	\$125			
Building Placement Permit	\$50			
New or Replacement HSTS, SFOSTS <500 gpd, or GWRS Installation Permit	\$380 + state fee \$74= \$454			
New or Replacement SFOSTS ≥ 500 gpd Installation Permit	\$520 + state fee \$74 = \$594			
Alteration STS/GWRS Permit	\$220 + state fee \$35 = \$255			
Privy Permit	\$50 + state fee \$74 = \$124			
STS/GWRS Operation Permit	\$50			
Plan Review for STS, SFOSTS, or GWRS	\$50			
Penalty for Install/Replace/Alter STS without permit	25% of permit fee			
Abandonment STS/GWRS	\$25			

STS = Sewage Treatment System GWRS = Gray Water Recycling System