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 countyassigned address, floor plans, and applicable fees. Checks may be made payable to HCHD.

Site Address:		City:			
Township:		Parcel #:			
Owner:		Phone:			
Mailing Address:		City:	Zip:		
Email:					
	nstaller: s must register with the Health		eplace their own system)		
# of bedrooms:	Transient Rental: Y/N	# of Acres:	Plumbing Permit required: Y/N		
_	n manufactured home, a pern trial Compliance Section of th	· -	•		
For New Construction O	nly:				
Was the site stripped or	surface mined? Y/N	Is the property in the	100-year floodplain? Y / N		
Minimum 60' of public re	oad frontage: Y/N E	asement plumbing? Y/N	Geothermal? Y/N		
described parcel to perfo the local health district, a Building Placement Perm comply with the approved conditions of a product a protection of the sewage t that wet or frozen conditi be revoked by the board of agree to contact the Heal and will not occupy the p no responsibility for the	lesigner, soil evaluator, instantiful prior to home placement/oil site review, operation and mapproval, the design, and Chaptreatment system area is requions may delay system installation from the alth Department for final insporperty until the system is approperty until the system is appropriate the	vations and shall be responsibler, and Ohio EPA, if applice onstruction. The installation, vaintenance, and any other conter 3701-29 of the Administration. The installation, replaitons arise that are not in contection of the STS at least 1 oproved. The Hocking County wage or water system. Once	ible for all coordination between able. I further agree to obtain a replacement, or alteration shall onditions of this permit, and any rative Code (OAC 3701-29). The ter construction. I understand cement, or alteration permit may inpliance with OAC 3701-29. I business day prior to backfilling ty Health Department assumes the permit to install, alter, or		
OWNER'S SIGNATUR	æ.		DATE:		

Site Review/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. Site Reviews are valid for five (5) years after approval.

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 to conduct the soil analyses. A soil scientist will be required for owners wishing to build a second residence, or residence for generating income. If you have been a resident of the County for the past five (5) years and are building a primary residence you may choose to 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 and be secured.

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. An Operation Permit renewal notice will be sent to you when it is time for permit renewal.

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.
- Ohio Dept. of Commerce for commercial buildings & transient rental cabins 1-614-644-3492

Health Department Use Only:

Permit	Fee	Date	Receipt	Permit #
Site Evaluation without soil report	\$125			
Site Evaluation with soil report by REHS	\$250			
Residential Building Placement Permit (BPP)	\$50			
R1-Transient Rental BPP	\$100			
Commercial & Group U BPP	\$150			
New or Replacement HSTS, SFOSTS <500 gpd, or	\$560 + state fee \$74= \$634			
GWRS Installation Permit				
New or Replacement SFOSTS ≥ 500 gpd Installation	\$765 + state fee \$74 = \$839			
Permit				
Alteration STS/GWRS Permit	\$324 + state fee \$35 = \$359			
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		