



Ottawa County Health Department
 1856 E. Perry St
 Port Clinton, Ohio, 43452
 419-734-6800
 www.ottawahealth.org

HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS) PERMIT APPLICATION

OWNER'S OR REPRESENTATIVE'S NAME _____ PHONE # _____

PRESENT ADDRESS _____
 STREET CITY, STATE ZIP

LOCATION ADDRESS _____
 STREET CITY, STATE ZIP

TOWNSHIP _____ LOT # _____ SUBDIVISION _____

EMAIL ADDRESS _____

- | | |
|--|---|
| 1) HOME INFORMATION:
<input type="checkbox"/> New construction
<input type="checkbox"/> Addition to existing home
<input type="checkbox"/> Replacement of existing home | 2) PERMIT TO:
<input type="checkbox"/> New Installation
<input type="checkbox"/> Replacement
<input type="checkbox"/> Alteration (Including septic tank replacement) |
|--|---|

3) INSTALLER'S NAME: _____ REGISTRATION # _____

4) ESTIMATED COST OF SYSTEM: \$ _____ NUMBER OF BEDROOMS: _____

I agree to comply with the rules and regulations of the Ohio Department of Health, Ohio Administrative Code 3701-29 governing the installation and operation of a household sewage treatment system and/or gray water recycling system (GWRS). I also agree to have a maintenance and operation contract with a service provider for the life of the household sewage treatment system. I have a household sewage treatment system site review that was approved by the Ottawa County Health Department and meets the requirements in the Ohio Administrative Code 3701-29. The information submitted is correct and accurate, to the best of my knowledge.

Home Owner Signature or Representative _____ Date _____
 SIGNATURE

Installation:	\$524.00 (Local fee \$450.00 plus state fee \$74.00)
Alteration:	\$285.00 (Local fee \$250.00 plus state Fee \$35.00)
O&M Permit.....	\$75.00 (Required annually for mechanical STS and every 5 years for gravity STS)
Abandonment.....	\$50.00 (Required if replacing existing septic tank or otherwise abandoning STS)

-----**HEALTH DEPARTMENT USE ONLY**-----

APPLICATION APPROVAL:

SEWAGE SYSTEM DESIGN DATA:

Date Permit Issued: _____

Septic Tank: _____ gallons
 Leach Trench: _____ Number, _____ Length, _____ Width
 NPDES: _____ gallons/day _____
 Sand Mound: _____
 Drip System: _____
 Other specify: _____

 Sanitarian

Permit Expires: _____

 Date: _____ Receipt # _____ Check No. _____