

SEWAGE TREATMENT SYSTEM APPLICATION AND SITE EVALUATION FORM

<u>STREET NAME</u>	<u>HOUSE NUMBER</u>	
<u>TOWNSHIP</u>	<u>CITY, ZIP</u>	<u>PARCEL NUMBER</u>
<input type="checkbox"/> HSTS <input type="checkbox"/> SFSTS <input type="checkbox"/> OTHER IF OTHER, DESCRIBE _____ _____	<input type="checkbox"/> MUNICIPAL WATER <input type="checkbox"/> NEW WELL <input type="checkbox"/> EXISTING WELL <input type="checkbox"/> OTHER	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> INCREMENTAL

<u>TYPE OF STRUCTURE</u>	<u>LOT SIZE</u>	<u>ESTMATED FLOW</u>
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> TRI-PLEX <input type="checkbox"/> BUSINESS OR OTHER SMALL FLOW	<input type="text"/> ACREAGE <input type="text"/> FRONTAGE <input type="text"/> DEPTH	<input type="text"/> BEDROOMS @ 120GPD/BED = _____ GPD OTHER _____ _____

COMMENTS

THIS IS NOT A PERMIT

I hereby submit this application to install a sewage treatment system on behalf of the property owner of the above location. I understand that the installation must conform to the requirements of O.A.C. 3701-29, O.R.C. 3718, and Carroll County Sewage Treatment System Regulations. I understand that I must maintain an operation permit for the life of the system and that I may be responsible to properly maintain the system. I further understand that the operation permit may require to obtain a service contract for the life of the sewage treatment system.

*APPLICANT MUST ARRANGE FOR SOIL ANALYSIS.
 *A DESIGN PLAN MUST BE FURNISHED AND SIGNED BY DESIGNER, INSTALLER, HOMEOWNER, AND BUILDER
 *APPLICANT MUST FLAG ALL PROPERTY CORNERS AND POST HOUSE NUMBER ON A SIGN IN A LOCATION EASILY VISIBLE FROM THE STREET. IN ADDITION, THE SEWAGE TREATMENT SYSTEM AREA MUST BE PROPERLY BARRICADED AND PROTECTED FROM DAMAGE.

<u>APPLICANT'S NAME (PLEASE PRINT)</u>	<u>OWNER'S NAME</u>	<u>APPLICATION DATE PAID</u>
<u>ADDRESS, CITY, AND ZIP</u>		<u>HOME PHONE NUMBER</u>
<u>APPLICANT'S SIGNATURE</u>		<u>CELL PHONE NUMBER</u>
<u>APPLICANT'S E-MAIL</u>	<u>OWNER'S E-MAIL</u>	

HEALTH DEPARTMENT USE ONLY

<u>Sewage Permit Fee</u>	<u>Date Paid</u>	<u>Recorded Easement Instr #</u>	<u>Variance Granted</u>
<u># of Bedrooms</u>	<u>Installation Permit Number</u>	<u>O & M Information Entered</u> <u>Date / Initials</u>	
<u>Design Plan Approval Date</u>	<u>As-Built Received Date</u>	<u>Inspection Dates and Reason</u>	
<u>Final Approval</u> <u>Date / Name</u>		_____ _____ _____	