Clermont County Public Health

2275 Bauer Road, Batavia, OH 45103
(P) 513-732-7499 (F) 513-732-7936

APPLICATION FOR APPROVAL TO CONSTRUCT, REPLACE OR ALTER A SEWAGE TREATMENT SYSTEM

☐ **CONSTRUCT** ☐ **REPLACEMENT** ☐ **ALTERATION** ☐ **REMEDIATION**
☐ **SFD to SFD** ☐ **ACCESSORY STRUCTURE** ☐ **OTHER** _____

Property Information

Property Address: _____
Street Address

_____
City State Zip

Parcel ID #:_____ **Lot Size:** _____

Township or Municipality: _____

Project Details

Type of Building: _____

Total Number of Bedrooms: _____

Water Provider: _____

Estimated Cost of STS: _____

Owner Information

Name: _____
First Last

Mailing Address: _____
Street Address

_____
City State Zip

Email: _____

Phone: _____

Applicant Information (If different from owner)

Name: _____
First Last

Mailing Address: _____
Street Address

_____
City State Zip

Email:_____

Phone: _____

Professionals

System Designer: _____ Email: _____ Phone: _____

Soil Scientist: _____ Email: _____ Phone: _____

Installer: _____ Email: _____ Phone: _____

Description of Work

I understand that this application is subject to approval by the Health Commissioner or authorized agent. Following review and inspection, I may be required to supply additional information prior to approval. I understand that any approval granted on the basis of false or inaccurate information is automatically revoked. Approval is similarly revoked for my failure to comply with any requirement or condition agreed to herein.

I agree to have a registered installer obtain a sewage treatment system (STS) installation permit prior to starting any work on this (STS) installation.

I understand that this application expires 5 years from the approval date, and that no installation permit will be issued after that date.

I understand that soil absorption systems must be installed on undisturbed soil and will not be permitted in areas where topsoil has been removed, filled over, or otherwise disturbed in a manner which will effect the performance of the system. I understand that the area designated for the septic system location must be protected from disturbance prior to installation, and agree that no structures will be built in the designated future replacement area.

I further understand that if the system has electrical components, an inspection approval must be obtained from the Clermont County Building Inspection Department prior to issuance of the final STS installation approval and permit to operate.

I will not occupy a new dwelling or allow occupancy until all final tests and inspections have been conducted and approved. Soil absorption systems cannot be installed when soil conditions are too moist. I understand that weather and soil conditions may delay STS installation and subsequent occupancy of a new dwelling.

I hereby certify that the proposed work is authorized by the owner of record and that I am making this application as either the owner or his authorized representative. I agree to conform to all applicable laws of the State of Ohio and the County of Clermont.

Print:_____

Signature: _____ Date: _____

Owner or Owner's Agent

CCPH USE ONLY

PERMIT#:_____

EXISTING OP#: _____