

HOUSEHOLD SEWAGE TREATMENT SYSTEM INSTALLATION/OPERATION PERMIT

VINTON COUNTY HEALTH DEPARTMENT
31927 STATE ROUTE 93 MCARTHUR, OHIO 45651
740-596-5233 OR 800-596-5233

Permit #

<input type="checkbox"/> New Installation <input type="checkbox"/> Replacement Installation <input type="checkbox"/> Alteration	<input type="checkbox"/> Private Water <input type="checkbox"/> County Water	System will serve: Bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <input type="checkbox"/> Multi-family dwelling <input type="checkbox"/> Single-family dwelling
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Please Print

Owner/Applicant		Work No.
Mailing Address		Home/Cell No.
City	State	ZIP
System Location		City
Registered sewage system installer		Township

I agree to comply with the sanitary regulations of the Board of Health of the Vinton County Health Department. I understand that I can obtain a copy of the regulations upon request. I understand that it is my responsibility to ensure final approval of the septic system is obtained. If I am installing the system myself, I understand that I will be responsible for taking the necessary steps to obtain final approval and that expense may be more than what the system would have originally cost. I understand that this permit is valid only for the installation of the household sewage treatment system approved plan. The permit fee is nonrefundable.

Owner/Authorized Representative Signature	Date
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I understand that I am accepting full responsibility for the proper installation of the designed system. I will abide by the rules set forth in the Ohio Administrative Code 3701-29 as well as Vinton County Health Department's Sanitary Regulations. This plan is based upon the noted daily flow and I am responsible for any known variations to the flow and mass loads exceeding the daily flow limit. I understand that although the submitted plan shows a limited number of leaching elevations, I am responsible for ensuring the elevation remains the same for the entire length of each leach line. I understand that if the soil conditions vary from what the soil evaluation determined (ie. Water Table higher than noted), I am responsible for ensuring that the installation is stopped and I will contact the health department. Installation cannot continue until approval is given by the health department. I understand that I am responsible to conduct any installation oversight as necessary to ensure system is installed as it was designed. If at any time I run into a problem with the installation of the system, I will contact the health department.

Registered sewage system installer signature	Date
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Variance Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Variance Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	BOH Resolution Number
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Permit issued by (Registered Sanitarian signature)	Date
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Date Permit Issued	Expiration Date
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Fee	Paid by	Date Paid	Receipt #
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Note: Not valid without official Audit number attached

System Address		Permit Number	Permit Expiration
Date Plan Submitted		Date Plan Approved	
Permit extension requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Extension Approved	New Expiration Date	
Site and soil evaluation date		Soil Depth Credit Used <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 foot <input type="checkbox"/> 2 foot	
Designed System Flow	ATU Mfg.	Vertical Separation Distance <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48	Category <input type="checkbox"/> Conventional <input type="checkbox"/> Aeration <input type="checkbox"/> NPDES
Installer		Service Provider/Tank Manufacturer	System Type <input type="checkbox"/> Soil Absorption <input type="checkbox"/> NPDES
System Description Primary <input type="checkbox"/> Septic Tank <input type="checkbox"/> Pretreatment <input type="checkbox"/> NPDES		System Description Leaching <input type="checkbox"/> Shallow (<18) <input type="checkbox"/> 18-30"	System Description-Other <input type="checkbox"/> Drip Distribution <input type="checkbox"/> Sand Mound
Tank Capacity <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000	Compartments <input type="checkbox"/> 1 <input type="checkbox"/> 2	# of tanks <input type="checkbox"/> 1 <input type="checkbox"/> 2	Service contract date NPDES Permit # (if applicable)
Date As-Built Received	Date service contract received		Re-inspection dates
Approval to cover system			Date
Final Approval			Date
Disapproval			Date
Reason for disapproval		Notes	

I have received a copy of the Owner's Manual or the general operation and maintenance information for my septic system and agree to abide by the operating instructions. The system has been reviewed with me and I understand that there will be maintenance necessary in order to ensure the system operates properly. If the system includes a mechanical component, I understand that a service contract is required for the life of the system. I understand that final grade will need to be performed once adequate settling has occurred. I grant permission to the health department and the service provider to access the system and all components for inspection at any time during normal business hours. I also understand that the approval of this system by the Vinton County Health Department is, by no means, a guarantee that this system will never fail, but rather confirm that approved practices and procedures were used during installation. I understand that if I do not abide by the terms and conditions of the permit, this installation and operation permit will be void.

Homeowner signature	Date
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