Clinton County Health District Public Health - Prevent. Promote. Protect.

111 S. Nelson Ave. Suite 1 Wilmington, Ohio 45177 info@clincohd.com 937.382.3829

## Household Sewage Treatment System (HSTS) Design \$600.00

Applicant Name:		Date:		
Address of Property:				
Twp:	Phone:	Email:		
(If different than above.) Owner Name:		Address:		
Phone:		Email:		
Send results to: A	pplicant Address 🗆	Applicant Email  Owner Addres		mail 🗆
	Additional info	rmation needed about your lot:		
System type:	Ioux Construction	Replacement Alteration		
How many <b>acres</b> is your				aaras
· · ·		acres #		
How many <b>bedrooms</b> will your home have? Will your home have a <b>basement</b> ?			YES	π NO
If YES- Will your home have a <b>walkout</b> basement?			YES	NO
II I LO WIII you		Mark location on plot plan.	115	110
Will you have <b>plumbing</b> in the <b>basement</b> ?			YES	NO
If YES- What is the <b>height</b> of the basement walls?				feet
Will your home have <b>public water</b> or <b>private water system</b> (PWS)			PUBLIC	PWS
(i.e., well, cistern, etc.)?		k proposed location on plot plan.		
Do you use an average of <b>5,000</b> gallons or more of <b>water</b> each month?			YES	NO
		ns per month, you may need a larger H		110
		? (i.e., deck, pool, barn, etc.)	YES	NO
		Mark location on plot plan.		
Signature of Applicant of By signin	application.			
	- (	OFFICE USE ONLY -		
Date(s) Received/Fee Pa		# Date/Initials Results	ID#	
C to				
	Approved 🗆 Disar	oproved 🗆 Date:		
	tal Health Specialist	t (REHS) Signature: Design Application: Updated: 12/06/2024		



Equal Opportunity Employer/Provider



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### The following needs submitted with this completed application:

- □ Correct street address
- □ Detailed plot plan (see example)
- $\Box$  Soil evaluation results
- □ Fee

#### Prior to the evaluation of your lot, the following must be done:

- $\hfill\square$  The corners of the home must be staked.
- $\Box$  Property lines must be clearly marked.
- $\Box$  Lot must be mowed.
- $\Box$  Correct address must be posted.
- $\hfill \hfill \hfill$
- □ All existing easements (i.e., water, electric, gas, etc.) must be marked.

#### I understand the following:

\*\* It is not required that The Clinton County Health District (CCHD) designs all sewage treatment systems (STS) in Clinton County. Any system designed outside of CCHD, however, must be reviewed and approved by CCHD per Ohio Administrative Code (OAC) 3701-29.

\*\* The STS will be designed in accordance with Ohio Administrative Code 3701-29. The STS design will be valid for 5 years.

\*\* The property will be marked with flags that designate the STS. It is the owner's responsibility to keep this area protected from damage during the building process. If the flags marking the designated STS area are removed and it needs to be re-flagged, a reinspection/return visit fee may be charged.

\*\* If the STS area is disturbed/damaged, it is possible a new STS design may be required, that could require a new design fee.

\*\* CCHD does not install systems. A registered STS installer must be contracted by the homeowner and the installer must obtain a permit to install an STS. The installer's system must pass CCHD's inspection in order for the system to be deemed operable.

\*\* 12 months after the completion of the STS a CCHD Environmental Health Specialist will conduct a 12 month evaluation to ensure that the system was installed properly and is not creating any public health nuisances.

