

APPLICATION FOR HOME SEWAGE TREATMENT SYSTEM INSTALLATION OR ALTERATION PERMIT



Portage County Combined General Health District
 999 East Main Street, Ravenna, OH 44266
 Phone: 330-296-9919 Fax: 330-297-3597

House Address: _____ Township: _____
 Parcel Number: _____ Acreage: _____
 Owner Name: _____ Phone Number: _____
 Complete Mailing Address of Owner: _____
 Email: _____
 Number of Bedrooms (proposed or existing): _____
 Number of Dwelling Units: Single Unit Duplex Triplex

- Replacement Sewage Treatment System Installation
- Sewage Treatment System for New Home Construction
 - House plans must be submitted along with this application.

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| THIS HOME SEWAGE TREATMENT SYSTEM MUST BE INSTALLED EXACTLY ACCORDING TO ALL SPECIFICATIONS INCLUDED IN THE APPROVED DESIGN PLAN: | | |
| Date Approved: | Approved By: | Designer Name: |
| | | |
| Registered Septic Installer (if unknown, leave blank): | | |

No changes to the approved layout plan or design plan may be made without prior approval by the Portage County Health Department. These requirements are not a guarantee of the future performance of the home sewage treatment system. The system design has been developed by knowledge obtained from soil test(s) in a specific area of your lot at a specific point in time and may not reflect all conditions that may effect future performance of your sewage treatment system. Therefore, questions concerning the adequacy of your sewage system should be directed to your system designer and/or installer and are not the responsibility of the Health Department. **(THIS PERMIT IS NOT INTENDED FOR COMMERCIAL USE.)**

Applicant's Signature _____
Date

HEALTH DEPARTMENT USE ONLY

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|--------------------|-------------------------------------|-------|
| Number: | Installation/Alteration Permit Fee: | Date: |
| State of Ohio Fee: | Operation Permit Fee: | |
| Check #: | Receipt #: | |