



Portage County Combined General Health District Operation Permit for Household Sewage Treatment System

999 East Main Street, 2nd Floor • Ravenna, Ohio 44266
Phone: 330-296-9919 • Fax: 330-297-3597

National Pollutant Discharge Elimination System

This operation permit shall be in effect upon PCHD's final evaluation & approval of the HSTS installation. All operation and maintenance requirements indicated on the approved design plan must be followed.

Service/Monitoring/Maintenance Frequency: Two times per year

OPERATION & MAINTENANCE REQUIREMENTS:

- Check sludge levels in tanks and pump when needed.
- Checking surface grade/vegetative cover for erosion or settling & any evidence of seepage.
- Checking for surface water infiltration or clear water flows from the dwelling or structures into the system components & around or onto the soil absorption area.
- Monitoring for proper operation of mechanical components and/or distribution methods.
- Review & document event counters, elapsed time meters, flow meters, & alarm conditions where present.
- National Pollutant Discharge Elimination System (NPDES) permit issued for a HSTS must be maintained/renewed/transferred for the lifetime of the HSTS through the Ohio EPA.
- Maintain a service contract with an authorized service provider for the lifetime of the HSTS.
- Any other O&M requirements specified by the manufacturer of the system or its components.
- Annual sampling of effluent in accordance with NPDES Program standards.
- I understand that if sanitary sewer becomes available and accessible, I must properly abandon my HSTS, regardless of functionality, and connect to the sanitary sewer at the time it becomes available.

This Operation Permit is valid for a period of 5 Years from the effective date. Thereafter, it will expire & will be renewed at a fee, provided compliance with all applicable O&M requirements has been demonstrated at the specified frequency.

Owner's Name:

Phone #:

Property Address:

Township:

Permit #:

Date Issued: _____

Effective date: _____

Expiration date: _____

Property Owner's Signature

Date

Approved By

Date