



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

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Septic Tank to Leach Lines

HEALTH DISTRICT

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: Once every 3 years

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 ponding in the distribution area.
- 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
- Monitoring the liquid level or capacity of the leaching trench soil absorption component.
- Management of flow diversion mechanisms for the purpose of resting portions of the soil absorption area.
- 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 10 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