



Toledo-Lucas County Health Department
635 N Erie Street
Toledo, Ohio 43604
Phone: 419-213-4100 ext. 4
Fax: 419-213-4141
Website: www.lucascountyhealth.com

Sewage Treatment System Design and Site Review Application

Toledo-Lucas County Health Department provides this information to assist homeowners in obtaining an installation permit for a sewage treatment system. The health district issues permits for both household and small flow on-site sewage treatment systems.

To receive Sewage Treatment System (STS) Design Drawing approval, this application along with the Design Drawing Review fee must be submitted to our agency. A sanitarian will review the plan to ensure that it meets current sewage regulations. This office will review the plan and schedule an appointment for a site review once it has been paid for.

There are private companies and certified soil scientists listed in this packet who will provide the services needed to complete your application.

Who do I need to contact?

1. Certified Soil Scientist
2. Sewage System Designer
3. Registered Installer

How do I get started?

1. Contact a certified soil scientist to have a soil evaluation completed.
2. Select and provide the soil evaluation to a sewage system designer to have a sewage treatment system designed.
3. Submit the attached Sewage System Design Review Application and the appropriate fee along with the design and soil evaluation to this office for review.
4. This office will review and approve the design plan within 30 business days. The approval process may take longer if there are issues with the submitted design.
5. When the plan has been approved, an approval letter will be mailed to the mailing address which is provided on the design review application. The approval of the sewage treatment system is valid for five (5) years from the date of approval.
6. BEFORE construction or installation of the sewage treatment system, you must complete and pay for an installation permit from this office.
7. Contact a registered installer.



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**APPLICATION FOR SEWAGE TREATMENT SYSTEM
 INSTALLATION, ABANDONMENT, COMPLIANCE INSPECTION, O&M**

PROPERTY INFORMATION

Owner/Applicant		Township (of property)
Mailing Address	City	Zip Code
Email	Phone #	
Property Address	Zip Code	
Parcel Number, if known	Water Supply (city, well, other)	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multiple Family <input type="checkbox"/> SFOSTS Other _____	Number of Bedrooms:	Basement: Yes No

DESIGN AND SITE REVIEW

Household Sewage Treatment System\$300.00

- New Installation Replacement Alteration

Small Flow On-site Sewage Treatment System (equal to or less than 1000 gallons per day) Design and Site Review Fee\$300.00

- | | | |
|--|--|--|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Replacement | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Commercial | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Government, Schools, Churches | <input type="checkbox"/> Government, Schools, Churches | <input type="checkbox"/> Government, Schools, Churches |

ADDITIONAL INFORMATON

- 1) Once you have obtained a soil evaluation and had a sewage treatment system designed, provide copies of both and submit them with this application.
- 2) The application shall be filled out completely and the applicant/owner must be able to substantiate all data.
- 3) Approval will not be granted unless the sewage treatment installation design and site can conform to the rules of the Ohio Department of Health governing such installation (Ohio Administrative Code 3701-29).
- 4) Design and Site Reviews are valid for five (5) years from date of approval.
- 5) Refunds are not permitted.

This application will not be processed unless accompanied by the required fee(s).

**** Make Checks Payable to the Toledo-Lucas County Health Department or TLCHD****

By signing below I acknowledge that I have read and agree to all terms and conditions on this application and that to the best of my knowledge all the information provided with this application is factual.

Owner/ Applicant Signature:

Date:

-----Health Department Use Only-----

Received by:

Date:

Total Fee

Receipt #

NOTES:
