



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

**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

PERMIT TYPE REQUESTED (Check all that apply) FEE:

Household Sewage Treatment System	FEE:
<input type="checkbox"/> New Installation	\$624.00 (includes state fee \$74.00 and O&M fee \$200.00)
<input type="checkbox"/> Replacement.....	\$624.00 (includes state fee \$74.00 and O&M fee \$200.00) \$424.00 (If already submitting O&M Fee)
<input type="checkbox"/> Alteration/Tank Replacement.....	\$585.00 (includes state fee \$35.00 and O&M fee \$200.00) \$385.00 (If already submitting O&M Fee)
<input type="checkbox"/> Gray Water Recycling Systems.....	\$350.00 (includes O&M fee \$200.00)
<input type="checkbox"/> Abandonment.....	\$80.00
<input type="checkbox"/> Compliance/re-inspection.....	\$75.00
<input type="checkbox"/> Operation & Maintenance Renewal (5year).....	\$200.00

Small Flow On-site Sewage Treatment System(equal to or less than 1000 gallon per day)	FEE:
<input type="checkbox"/> New Installation - <input type="checkbox"/> Replacement – Commercial.....	\$674.00 (includes state fee \$74.00)
<input type="checkbox"/> Alteration – Commercial.....	\$635.00 (includes state fee \$35.00)
<input type="checkbox"/> New Installation – Governmental, Schools, Churches.....	\$374.00 (includes state fee \$74.00)
<input type="checkbox"/> Replacement - Governmental, Schools, Churches.....	\$374.00 (includes state fee \$74.00)
<input type="checkbox"/> Alteration - Governmental, Schools, Churches	\$185.00 (includes state fee \$35.00)

INSTALLER INFORMATION	
Name	Email
Registration #	Phone #

ADDITIONAL INFORMATION

- 1) Application shall be filled out completely and applicant/owner must be able to substantiate all data.
- 2) A permit will not be granted unless the sewage treatment installation can conform to the rules of the Ohio Department of Health governing such installation (Ohio Administrative Code 3701-29).
- 3) Must have approved Design and Site approval prior to making application for installation permit (Design and Site Reviews are valid for five (5) years from date of approval).
- 4) Installation Permit expires one (1) year from date of application.
- 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:	
Local Fee	State Fee	Total Fee	Receipt #	ODH Audit #	Permit #

NOTES:
