



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 COMPLIANCE/RE-INSPECTION

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

FEE:

Household Sewage Treatment System

☐ Compliance/re-inspection..... **\$100.00**

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:
