



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](http://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"/> SFOTS 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:
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**-----Health Department Use Only-----**

Received by:	Date:				
Local Fee	State Fee	Total Fee	Receipt #	ODH Audit #	Permit #

NOTES:

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