



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

APPLICATION FOR SMALL FLOW ON-SITE SEWAGE TREATMENT SYSTEM INSTALLATION, REPLACEMENT, ALTERATION

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:

Small Flow On-site Sewage Treatment System (equal to or less than 1000 gallon per day)

- ☐ New Installation – **\$864.00** (\$790 License Fee + \$74 State Fee)
- ☐ Replacement - **\$864.00** (\$790 License Fee + \$74 State Fee)
- ☐ Alteration - **\$825.00** (\$790 License Fee + \$35 State Fee)

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:
