

## Toledo-Lucas County Health Department 635 N Erie Street Toledo, Ohio 43604

Phone: 419-213-4100 ext. 3 Fax: 419-213-4141

Website: www.lucascountyhealth.com

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

PROPERTY INFORMATION									
Owner/Applicant				Township					
Mailing Address City				Zip Code					
Email				Phone #					
Property Address				Zip Code					
Parcel #				Water Supply (city, well, cistern)					
☐ Single Family ☐ Multiple Family ☐ SFOSTS Other				Bedroom #					
PERMIT TYPE REQUESTED (Check all that apply)  FEE:									
Household Sewage Treatment System									
	☐ New Installation \$524.00 (includes state fee \$74.00 and O&								
٥	Replacement.	<b>\$524.00</b> (includes state fee \$74.00 and O&M fee \$150.00)							
٥	Alteration		\$374.00 (If already submitting O&M Fee) \$485.00 (includes state fee \$35.00 and O&M fee \$150.00) \$335.00 (If already submitting O&M Fee)						
	Gray Water Recycling Systems		<b>\$300.00</b> (includes O&M fee \$150.00)						
	☐ Abandonment			\$50.00					
	Compliance/re-inspection\$75.00								
	Operation & Maintenance Renewal (5 year) \$150.00								
Small Flow On-site Sewage Treatment System( equal to or less than 1000 gallon per day)									
	New Installation - □ Replacement – Commerce	cial		\$1,274.00	(includes state fee \$74.00)				
	Alteration – Commercial			\$635.00	(includes state fee \$35.00)				
	□ New Installation – □ Replacement - Gov., Schools, Churches \$374.00 (includes state fee \$74.00)								
	Replacement - Governmental, Schools, Churches			<b>\$374.00</b> (includes state fee \$74.00)					
	Alteration - Governmental, Schools, Churches	\$185.00	(includes state fee \$35.00)						

INSTALLER I	NFORMATIO!	N	Email	Emoil					
Name			Eman						
Registration #			Phone #	Phone #					
ADDITIONA	L INFORMAT	ON							
1) Applicat	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) Installat	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).									
By signing below	I acknowledge t	hat I have read an		and conditions on this	nent or TLCHD** s application and that to				
Owner/ Applicar	nt Signature:			Date:					
		Health D	enartment Use	Only					
Received by:			Date:						
Local Fee	State Fee	Total Fee	Receipt #	ODH Audit #	Permit #				
			12.2						
NOTES:									
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