

SEWAGE TREATMENT SYSTEM APPLICATION AND SITE EVALUATION FORM

PERMANENT NUMBER - Assigned by House Numbering Dept.	STREET NAME	PARCEL NUMBER
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CITY, ZIP	TOWNSHIP	SYSTEM TYPE HSTS SFOSTS GWRS ☐ ☐ ☐
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TYPE OF STRUCTURE ☐ SINGLE FAMILY ☐ DUPLEX ☐ TRIPLEX ☐ BUSINESS OR OTHER SMALL FLOW	WATER SOURCE ☐ MUNICIPAL WATER ☐ NEW WELL ☐ EXISTING WELL ☐ OTHER	☐ NEW CONSTRUCTION ☐ ALTERATION ☐ REPLACEMENT INCREMENTAL
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ESTIMATED FLOW BEDROOMS x 120 GPD/BED. = _____ OTHER	FEES FOR NEW CONTRUCTION: House Number Fee - \$15 HSTS Application - \$420 - Single Family, Duplex, Triplex SFOSTS Application - \$450 - Small Flow Business, Church, Etc. GWRS (Gray Water Recycling System) - \$300 <i>**For payments made in office, the application fee and house number fee must be checks out to: Stark County Health Department for application and Stark County Treasurer for House Number.</i>
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COMMENTS

THIS IS NOT A PERMIT

I hereby submit this application to install a sewage treatment system on behalf of the property owner of the above location. I understand that the installation must conform to the requirements of O.A.C. 3701-29, O.R.C. 3718, and Stark County Sewage Treatment System Regulations. I understand that I must maintain an operation permit for the life of the system and that I may be responsible to properly maintain the system. I further understand that the operation permit may require me to obtain a service contract for the life of the sewage treatment system

APPLICANT'S NAME (PLEASE PRINT)	OWNER'S NAME	APPLICATION DATE PAID
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ADDRESS, CITY, AND ZIP	HOME PHONE # / CELL PHONE #
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APPLICANT'S SIGNATURE	E-MAIL ADDRESS
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HEALTH DEPARTMENT USE ONLY

House Plans Reviewed Date: _____	Design Plan Approved Date: _____	Design Plan Signed Date: _____	House Number Obtained Date: _____
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NOTES:

CHECK IF REBUILD: ☐ If rebuild, check applicable boxes below and elaborate appropriate details in notes.	Rev. 12/24
House Location Change	Parcel Abuts Two Streets
Owner Requests Original House Number	Easement Used for Driveway