Trumbull County Combined Health District 176 Chestnut Ave. NE, Warren, OH 44483

APPLICATION FOR SEWAGE SYSTEM PERMIT

Permit No. _____ Date Issued _____

TOWNSHIP _____ ADDRESS _____

PARCEL ID # _____

SUBDIVISION _____ LOT # _____

Plumbing Permit No. & Date _____

DIRECTIONS _____

_____

OWNER _____

MAILING ADDRESS _____

_____

BUILDING: NEW _____ REAL ESTATE _____ ADDITION _____

Permit fees for any installation and/or alteration of an existing system are as follows:

HOUSEHOLD SEWAGE TREATMENT SYSTEM

Installation or replacement of a HSTS _____ $674.00 includes $74 State fee
Alteration _____ $335.00 includes $35 State fee

Septic Permits are valid for one year from date of issue.

I certify that this household sewage treatment system shall be installed only by a registered installer of the Trumbull County Health Department and that all work shall be done in accordance with all state EPA and local health requirements. Septic must not be covered until inspected and approved. ONCE A SITE HAS BEEN EVALUATED (STAKING INSPECTION) AND APPROVED FOR INSTALLATION, SAID SITE SHALL NOT BE RELOCATED UNLESS PRIOR APPROVAL IS GRANTED BY THIS AGENCY.

Owner's Signature _____

Owner's Phone No. _____

Installer's Signature _____
Installer's Phone No. _____

Office/forms/Septic Application 2017

FORMS REQUIRED:	RECEIVED
☐ Permanent Address	☐
☐ Recorded Deed	☐
☐ O&M Affidavit	☐
☐ Auditor's Record Card	☐
☐ Permission to Discharge	☐
☐ System Record Card	☐

DATES OF SERVICE and Sanitarian's Signature

Site/Lot Evaluation ___/___/___ _____

Staking Inspection ___/___/___ _____

Other Inspection ___/___/___ _____

Final Inspection ___/___/___ _____

NOTES: For Health Dept. Use Only

Number of Bedrooms _____

Jacuzzi No. & Size _____

Hot Tubs No. & Size _____