Trumbull County Combined Health District, 194 West Main Street, Cortland, OH 44410

APPLICATION FOR HOUSEHOLD SEWAGE TREATMENT SYSTEM PERMIT

Permit No. _____ Date Issued _____

Township _____ Parcel ID # _____

Address _____

Subdivision _____ Lot # _____

Plumbing Permit No. & Date _____

Directions _____

_____

Name _____ Email Address_____

Mailing Address_____

_____

BUILDING: NEW REPLACEMENT ALTERATION 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 Combined Health District 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 Name (Printed) _____Phone #_____

Installer's Signature _____

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

DATES OF SERVICE and REHS Signature

Site Evaluation ___/___/___ _____

Staking Inspection ___/___/___ _____

Design ___/___/___ Expires ___/___/___ _____

Other Inspection ___/___/___ _____

Final Inspection ___/___/___ _____

NOTES: For Health Dept. Use Only

Number of Bedrooms: _____

House Flow: _____

Trumbull County Combined Health District - Lot Drawing

Form A

The owner must complete a sketch of the lot and must include: (this is not the floor plan)

1) Dimensions of lot in feet (width and length).
2) Location and size of home on lot (or existing home).
3) Setback distance in feet from street or road.
4) Location of any existing household sewage treatment system
5) Any existing neighboring homes if within 100 ft. of property line.
6) Any neighboring well and septic locations within 100 ft. of property line.
7) Existing or proposed driveway.
8) Existing or proposed well. (If city water available, please mark at bottom of sketch.)
9) Any existing or proposed ponds, ditches, or streams/creeks on property.
10) Any existing easements (utility, oil, gas, etc.)
11) Any future construction plans (pool, deck, detached garage, barn, auxiliary bldgs. etc.)

* SANITARIAN WILL MAKE FINAL DECISION ON PLACEMENT OF SEPTIC SYSTEM.