AFFIDAVIT

PURSUANT TO ISSUANCE OF A **LEVEL 1** OPERATION PERMIT

I/We (1) _____, who's **current mailing address is**

(2) _____, hereby acknowledges the fact that the Trumbull County Combined Health District, an Ohio Health District, has approved the installation of a soil absorption treatment system not involving a pretreatment component **at the following address:**

(3) _____, Township (4) _____.

I (we) further acknowledge the fact that in order to prevent a public health nuisance, routine servicing of the various treatment and distribution components is essential to prevent potential system failure.

Therefore, I/we state that I/we recognize, understand and agree to the following special conditions as the owner and/or operator of a household sewage treatment system.

1. A Level 1 Operation Permit shall be obtained from the Trumbull County Combined Health District (TCCHD) at time of installation or alteration for a fee established by the Board and shall be renewed every 3 years. No household sewage treatment system shall be put into operation unless an Operation Permit is in force for perpetuity.

2. In the event the parcel of land is transferred to another person, the Trumbull County Combined Health District shall be notified immediately of that fact. It is understood that upon transfer of property title, the Operation Permit may be transferred; however, the permit fee shall not be refundable. **Terms and conditions of this affidavit shall be properly disclosed to the buyer of this property.**

3. During the life of the Operation Permit, all rules outlined in Ohio Administrative Code (O.A.C.) 3701-29 and Trumbull County Combined Health District (TCCHD) Household Sewage Treatment System (HSTS) Septic Policies or any subsequent legally adopted rules shall be complied with.

4. An authorized representative of the Trumbull County Board of Health shall be permitted to enter the premises within one year to conduct an inspection and/or as any follow-up inspections responding to potential system failures and to provide technical support to ensure compliance with Ohio Administrative Code (O.A.C.) 3701-29 and Trumbull County Combined Health District (TCCHD) Household Sewage Treatment System (HSTS) Septic Policies.

5. All components of the system shall be pumped at a frequency no greater than thirty-six (36) months or when the sludge level exceeds 1/3 of the capacity of the tank. Pump receipts must be submitted to the health department. If applicable, the effluent filter shall be cleaned and serviced as prescribed in the O&M information.

6. No person shall alter any of the components of the system as originally installed, nor cover with fill material component risers and/or sampling well.

7. In the event that any part of the sewage treatment system is found to be malfunctioning, the holder of an Operation Permit agrees to repair or replace the malfunctioning component, as required, within 14 days of notification by the Health District.

8. Operation & Maintenance (O&M) – The holder of a Level 1 Permit to Operate (PTO) agrees to follow and perform the necessary operation and maintenance on the system as prescribed in the O&M section of the approved plans.

STATE OF OHIO
COUNTY OF TRUMBULL §

I/We, the undersigned, having been duly sworn, say that all statements in the foregoing Affidavit are true. I/We acknowledge and have read and understand the required Operation and Maintenance of the said system.

Signature _____

Signature _____

Subscribed and sworn to before me this ____ day of _____, 20___, by _____.
Print Name of Signee

_____
Notary Public
My commission expires _____.

This instrument was prepared by Director of Environmental Health Services, Trumbull County Combined Health District, 194 W Main, Cortland, Ohio 44410.

Rev 8-20-20