AFFIDAVIT

PURSUANT TO ISSUANCE OF A **LEVEL 2** 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 an individual aerobic type treatment system (commonly referred to as a Class I system) or the alteration of an existing household sewage treatment system which now complies with current household sewage treatment system rules established by Ohio Administrative Code (O.A.C.) 3701-29 and Trumbull County Combined Health District (TCCHD) Septic Policies for pre-treatment discharge of sewage effluent to a distribution network **at the following address:**

(3) _____, Township (4) _____.

I (we) further acknowledge the fact that in order to discharge an acceptable effluent into the distribution network and to properly operate said system so as not to pollute ground waters and/or create a sewage nuisance, a monitoring schedule is essential so that the owner has a clear understanding of acceptable performance so the system is not considered out of compliance with acceptable performance requirements recommended by the manufacturer of the aerobic system, commonly referred to as the Service Provider.

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 disposal system which discharges effluent distribution network.

1. A Level 2 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 three (3) years. No household sewage treatment system which employs a pre-treatment device 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. UPON EXPIRATION OF THE MANUFACTURERS SERVICE POLICY, THE CURRENT PROPERTY OWNER AGREES TO PURCHASE A SERVICE CONTRACT FROM A REGISTERED SERVICE PROVIDER WHICH MUST BE RENEWED AND/OR KEPT IN FORCE FOR PERPETUITY. SERVICE INSPECTIONS MUST BE CONDUCTED ONCE EVERY 6 MONTHS or as otherwise specified by the manufacturer. Copies of all service contracts shall be forwarded to the Trumbull County Combined Health District upon renewal period.

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

5. Effluent standards for loading rate reductions, soil depth credits or monitoring of a gradient drain discharge as outlined in the terms of the variance and/or Permit to Install shall be maintained by the Holder of an Operation Permit at all times.

6. The Service Provider and the authorized representative of the Trumbull County Combined Health District shall be permitted to conduct all mandated inspections and sampling pursuant to TCCHD HSTS Regulations.

7. 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.

8. 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.

9. The system shall remain in good operating condition so as not to create a nuisance. In the event that the system is deemed to be creating a nuisance, the holder of an Operation Permit agrees to upgrade or add any necessary components to the system within 14 days of notification by the Health District.

10. Operation & Maintenance (O&M) – The holder of a Level 2 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 this 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 St, Cortland, Ohio 44410.

Rev. 8-20-20