

Meigs County Health Department
112 E. Memorial Drive Suite A
Pomeroy, Ohio 45769



Phone: (740) 992-6626
Fax: (740) 992-0836
www.meigs-health.com

Site, Plan & Permit Application – Sewage Treatment System

Owner (Applicant) Name: _____ Phone: _____

Site Address: _____ City: _____ State: _____ Zip: _____

Township: _____ Size (acres): _____ Proposed # Bedrooms: _____

Is this site located within the 100yr Flood Plain? Yes or No

Owner (Applicant) Current Mailing Address: _____
City: _____ State: _____ Zip: _____

Owner (Applicant) Email: _____

System to be installed by:	<input type="checkbox"/> MCHD Registered Installer (Company Name) _____			
	<input type="checkbox"/> HOMEOWNER (Must be registered installer.)			
System Type:	<input type="checkbox"/> Household	<input type="checkbox"/> SFOSTS	<input type="checkbox"/> Gray Water	<input type="checkbox"/> Semi-public
Permit Type:	<input type="checkbox"/> New	<input type="checkbox"/> Alteration	<input type="checkbox"/> Replacement	<input type="checkbox"/> Abandonment

Other fees that are associated with the routine installation/alteration/replacement of a STS include:

Soil Scientist- Rates vary. (Soil scientist must be from ODH approved list) (\$400-\$600)

MCHD Design Fee-\$110.00 (Other designers are available at varying rates. All designs must be MCHD approved)

Installation Permit-\$290.00 / Alteration Permit-\$185.00

NDPES- \$200.00 (required by EPA for discharging aeration systems)

Installation Fee -Rates Vary (Installers must be from MCHD approved list)

Upon receipt of this application, and the \$100.00 site review fee, a sanitarian will schedule a visit to the site and determine the feasibility of installing a septic system at the location. If the location is feasible, a soil scientist will need to do a soils evaluation to identify restrictive soil conditions. If, after approval, the soils are compacted or disturbed, the soils may need to be reevaluated or the system may need to be redesigned. If the soils are severely disturbed, the replacement area may need to be used but another replacement area will need to be identified. If redesigns are necessary, additional fees and inspections may be required.

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I _____ (Owner/Applicant) does hereby apply for a site review, plan review, and installation/alteration/replacement application and have read and understand the following:

- I agree to construct and install this system in compliance with the Sewage Treatment System rules and regulations of the Meigs County Health Department (MCHD) and the Ohio Department of Health.
- I understand the permit is only transferable upon the sale of the property for which it was issued.
- I agree not to deviate from the approved plan during installation. Any deviation from the approved plan without prior, written approval from the MCHD will result in the system being disapproved.
- I agree to request a final inspection from the MCHD at least 24 hours before completion to allow efficient scheduling. I will not cover any part of the system until a final inspection has been performed and approved.
- I understand that an Installation Permit expires if installation/alteration/replacement is not complete within 12 months of issuance.
- I understand the Operation Permit will go into effect at the time of final approval of the installation.
- I understand that I will be required to renew my Operation Permit at a period of: every 5 years for mechanical systems and, every 10 years for non-mechanical-gravity systems following final inspection.
- I understand that the issuance of a permit is not an expressed or implied guarantee that the system will operate satisfactorily on this site. Many factors such as but not limited to: site conditions, weather conditions, water usage and fluctuation of the seasonal water table may have an effect on the satisfactory operation of this system and I further understand workmanship is the basis of the final inspection.
- I agree to abandon this system when the sanitary sewer becomes available and connect this residence to central sewer. I will disclose this to a potential buyer during transfer.
- I understand that with a mechanical component, I am required to maintain a service contract with a registered company and agree to do so for the life of the system per the Operation Permit.
- I agree that system options have been explained to me and the plans submitted for approval are of my choice.
- I agree that MCHD has the right to inspect the STS at all reasonable times.

AN APPLICATION THAT DOES NOT INCLUDE A SOIL REPORT AND DESIGN PLANS WILL NOT BE APPROVED UNTIL ALL REQUIRED ITEMS ARE RECEIVED BY THE HEALTH DEPARTMENT.

The Site/Plan Approval EXPIRES 5 years from the date of approval. Failure to obtain an Installation Permit within 5 years of the approval date will result in this approval being null and void. Changes to the site/plans may require additional reviews and or fees.

Signature: _____ Date: _____

Office Use: Date Received _____ Site Review ID # _____ Notes _____
Site Reviewed _____ Plan Approved _____