



Franklin County Public Health
 280 East Broad Street
 Columbus, Ohio 43215-4562
 (614) 525-3160
 www.myfcph.org

Sewage Treatment System Application/Installation Permit

Water Quality Program

System Type

<input type="checkbox"/> Residential <input type="checkbox"/> Small flow on-site <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration				Cost
System Flow		Soil Depth Credit		Vertical Separation Distance
Site Address			City	Zip Code
Owner/Applicant		Mailing Address		City & Zip Code
Soil Scientist			Designer	
Installer			Registration #	

Notice to Applicant: You are encouraged to read the rules governing Household/Small Flow On-Site Treatment Sewage System, Franklin County Board of Health Regulation 720. This permit will not be processed until the site plan is approved and this form bears the signature of the applicant and is accompanied by the appropriate fee(s). Be advised that the operational permit is an annual fee.

I/we the undersigned, hereby agree to install, construct, develop or alter the sewage treatment system named in this permit in accordance with the attached site plan and all applicable rules.

I/we also understand that the issuance of this permit is conditioned upon the right of this health department to enter upon the premises of the sewage treatment system named in this permit at any time(s) for determining compliance with Franklin County Board of Health Regulation 720.

Signature:	Date:
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All sewage permit applications must be accompanied by soil analysis, system design, or site plan (for septic systems), and Franklin County Public Health site review.

Basic components for system as follows (see approved plans for complete details)

<input type="checkbox"/> Septic Tank _____ gal	<input type="checkbox"/> Mound _____ sq. ft.	<input type="checkbox"/> Electric Components _____
<input type="checkbox"/> Dosing Tank _____ gal	<input type="checkbox"/> Drip Dist. _____ sq. ft.	<input type="checkbox"/> Gradient Drain
<input type="checkbox"/> Pre-treatment _____	<input type="checkbox"/> Leach lines _____	<input type="checkbox"/> NPDES Permit Required

Outlet to	Outlet Approved By	Date
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Notes

Permit to install approved by		Date	AUDIT STICKER
Variance granted <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Number	
Fee	Receipt Number	Date	