

WOOD COUNTY  
**HEALTH**  
DISTRICT

Environmental Health Division

Household Sewage Treatment System

**Operation & Maintenance (O&M) Permit**

New     Renewal     Building Permit Approval

Fee Due: \$100.00 (subject to change)

An Operation & Maintenance Permit is required for all household sewage treatment systems (HSTS) maintained in Wood County. This permit is transferable with the property and valid for a period of five (5) years. This operation and maintenance permit can be revoked at any time if the HSTS is not properly maintained as per the Ohio Administrative Code Chapter 3701-29 and the Wood County Health District. This permit must be renewed within one month of the expiration date.

<b>Applicant Information</b>					
(Complete the following information)					
Property Owner:			Phone:		
Mailing Address:			City/State/Zip:		
Property Address:			City/Zip:		
Email:			Township:		
<b>Household Sewage Treatment System Information</b>					
(Complete the following information)					
Primary Component <input type="checkbox"/> Septic Tank <input type="checkbox"/> Aeration Unit	Size of Tank: (Gallons)	Risers to Grade <input type="checkbox"/> Yes <input type="checkbox"/> No	Effluent Filter Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Last time the tank was pumped:	Mechanical Components: <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Component: <input type="checkbox"/> Leaching Tile Field (Stone & Pipe) <input type="checkbox"/> Leaching Tile Field (Gravel-less) <input type="checkbox"/> Subsurface Sand Filter <input type="checkbox"/> Mound <input type="checkbox"/> Aeration Unit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Distribution Box(s) Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Perimeter Drain Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Discharge Location: _____ Inspection Port to Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Mechanical Component, Indicate Service Provider:	
Distribution Box(s) Risers to grade: <input type="checkbox"/> Yes <input type="checkbox"/> No		Interior Plumbing: Does all necessary plumbing discharge to HSTS? <input type="checkbox"/> Yes <input type="checkbox"/> No Water Softener discharge to HSTS?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Sump Pump Discharge to HSTS?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

I certify that, to the best of my knowledge, the information submitted with this application is correct and I agree to any necessary repairs to properly maintain this HSTS as per Ohio Administrative Code (OAC) Chapter 3701-29 and the Wood County Health District. I agree to allow a representative of the Wood County Health District to conduct an inspection of the HSTS to ensure it is properly maintained in accordance with OAC 3701-29.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Receipt No. \_\_\_\_\_ Fee Pd \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Blue File  Yes    No

Approved By \_\_\_\_\_ Date \_\_\_\_\_

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(419) 354-2702  
(866) 861-9338 toll free

1840 E Gypsy Lane Rd Bowling Green, OH 43402  
www.WoodCountyHealth.org

fax: (419) 353-7201  
healthdept@co.wood.oh.us