Local	Health	District:	
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Wood County Health Department 1840 East Gypsy Lane Road Bowling Green, OH 43402

Sewage Treatment System (STS) Abandonment Permit/Report

Permit # (if applicable)					
Audit Sticl	ker (if applicable)				
W.					

The permit with the original audit sticker and signatures must stay with the local health district. A copy must be given to the applicant at the time the permit is issued. The report must be completed and submitted to the local health district.

Property Informat						
			lowr	nship:		County:
Reason for abandonment:	-					
Owner Informatio	n					
Owner Name:				Phone N	lumber:	
Mailing Address:						
maining / ladicas.						
Applicant Stateme	ent of Compli	2022				
agree the household sewage tre	eatment system or com	nonent/s\ill L	-11:			1_
Code. The contents of the sewage the Ohio Administrative Code.	ge treatment system or	component(s) to be a	ndoned in acco	ordance v	with rule 370:	1-29-21 of the Ohio Administr
he Ohio Administrative Code.			ibunidoned 3116	iii be uisp	Josed in accor	rdance with rule 3701-29-20 o
Signature of owner or authorized r	representative:			D	ate:	
or office use only:						
rermit Issue Date (if applicable):	Sanitarian Name (prin	nted):		Sanitari	ian Signature:	
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System Contents (nent Com	pletion F	Repor	t ed)	Date comp	pleted:
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