



# Sewage Treatment System Operation & Maintenance (O&M) Permit Application

**Please choose one of the following:**

New     Renewal     Property Improvement Program     Lot Split Program

**New Permit Fee: \$150.00 / Renewal Fee: \$100**  
 Property Improvement / Lot Split Programs: No additional fees  
 (Fees Subject To Change)

An Operation & Maintenance (O&M) 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 O&M permit can be revoked at any time if the HSTS is not properly maintained as per the Ohio Administrative Code and the Wood County Health Department. 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>Sewage Treatment System Information</b> ****Office Use Only****					
<b>Primary Component</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Aeration Unit	<b>Size of Tank</b> (Gallons)	<b>Risers to Grade</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Effluent Filter present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last time tank was pumped</b>	<b>Mechanical Components</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate Service Provider:
<b>Secondary Component</b> <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		<b>Distribution Box(es)</b> Present: <input type="checkbox"/> Yes <input type="checkbox"/> No To Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Perimeter Drain</b> 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	
<b>Interior Plumbing</b> Does all necessary plumbing discharge to HSTS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 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 OAC 3701-29 and the Wood County Health Department. I agree to allow a representative of the Wood County Health Department to conduct an inspection of the HSTS to ensure it is properly maintained in accordance with OAC 3701-29.

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

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**OFFICE USE ONLY**

Receipt No. \_\_\_\_\_ Fee Pd. \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Blue File:  Yes     No    Approved By \_\_\_\_\_ Date \_\_\_\_\_