



Property Improvement Program (P.I.P.)

Inspection Fee: \$175.00 (Subject To Change)

A Property Improvement Program is required for property owners in Wood County with private water systems (PWS) and/or household sewage treatment systems (HSTS) as changes are made to their properties. As part of this program, the HSTS on the property will be enrolled in the Wood County HSTS Operation & Maintenance Program (O&M). Once issued, the O&M permit is valid for a period of 5 years and must be renewed at that time.

Applicant/ Property Information	
Property Owner:	Phone:
Mailing Address:	City/State/Zip:
Property Address:	City/Zip:
Email:	Township:
Contractor/Builder Information <input type="checkbox"/> check if not applicable	
Name:	Phone:
Mailing Address:	City/State/Zip:
Email:	
Project Improvement Description	
Include Dimensions of Addition and/or Outbuilding **Attach a copy of the site plan or use the space provided on the back side of this form	
Plumbing work being completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:	

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 the HSTS as per OAC 3701-29 and PWS as per OAC 3107-28. I understand that once the HSTS on my property meets current code, an O&M Permit will be issued to ensure the proper maintenance of the system will be completed. I agree to allow a representative of the Wood County Health Department to conduct an inspection of the HSTS and PWS to ensure compliance with OAC 3701-29 and 3701-28 prior to issuance of PIP Approval.

Applicant Signature

Date

Process To Obtain Approval For Property Improvements:

- 1) Complete this application and submit it to the WCHD along with the appropriate fee.
- 2) Along with the application, provide the health department with a site plan outlining the exact location and dimensions of the proposed new construction as well as the proximity to your well and/or septic system. (Space has been provided on the back of this application for your convenience.)
- 3) Contact WCHD to schedule an appointment with the inspector to evaluate your proposed site plan.
 - a. **The location of the septic tank and distribution box must be accessible and exposed prior to the site inspection.** This department may have a record of your septic system on file to assist you.
 - b. The location of the well must be confirmed.
 - c. If this department does **not** have a record of your existing HSTS and/or PWS, you will be required to locate and expose these items **prior to** the inspection. Required upgrades will be mandated if missing components (ex. septic riser(s), baffle(s), damaged/missing distribution box etc.) or wells that are in violation of current code requirements (ex. too close to septic system, buried, located in a pit) are determined to exist during the time of the site inspection.
- 4) As a condition of this approval, the property will be placed in the HSTS O&M Program

OFFICE USE ONLY

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



Use space provided below or attach a drawing of the proposed project
(The Diagram Must Be Legible & Accurate To Be Approved)



Upon approval of this permit, the Wood County Health Department will be in correspondence with the Wood County Building Inspection Department.

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.

Applicant Information (Complete The Following Information)					
Property Owner:			Phone:		
Mailing Address:			City/State/Zip:		
Property Address:			City/Zip:		
Email:			Township:		
Sewage Treatment System Information ****Office Use Only****					
Primary Component	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 tank was pumped	Mechanical Components <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate Service Provider:
<input type="checkbox"/> Septic Tank <input type="checkbox"/> Aeration Unit					
Secondary Component	Distribution Box(es)		Perimeter Drain		
<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	Present: <input type="checkbox"/> Yes <input type="checkbox"/> No To Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No		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		
Interior Plumbing					
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



OFFICE USE ONLY

Receipt No. _____
Blue File: Yes No

Fee Pd. _____ Initials _____
Approved By _____

Date _____
Date _____