



**Environmental Division**  
 555 Lexington Avenue  
 Mansfield, OH 44907  
 www.richlandhealth.org  
 (419)774-4520

## Sewage Treatment System Site and Design Plan Application

**An application that does not include a soil report and design plans will not be accepted.** If all documents submitted are found to be in compliance with Ohio Department of Health and Richland Public Health's rules, a permit may be issued. *Receipt of this application does not guarantee a permit.*

Owner Name (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Owner's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner's E-mail: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Township: \_\_\_\_\_ Size (acres): \_\_\_\_\_ Proposed # of Bedrooms\*: \_\_\_\_\_  
 Parcel #: \_\_\_\_\_ (\* Any change in the number of bedrooms must be reported to Richland Public Health.)

**System to be Installed by:**  RPH Registered Installer (company name): \_\_\_\_\_  
 Homeowner\* (\* Must submit proof of passing required exam prior to permit issuance.)

**System to Serve:**  Household  SFOSTS  GWS  NPDES

**Permit Requested:**  New  Alteration  Replacement

**Type of Water System:**  Municipal  Existing PWS (Well/Cistern)  New PWS\*\*  
 (\*\*For a new private water system, a permit will need to be obtained from Richland Public Health.)

I, \_\_\_\_\_ (property owner or authorized representative) hereby apply for a site review, plan review and installation/alteration/replacement application.

\_\_\_\_\_  
 (Initials) I agree to request a final inspection from Richland Public Health before any part of this sewage treatment system is covered.

\_\_\_\_\_  
 (Initials) I understand that the issuance of a permit is not an expressed or implied guarantee that the system will operate satisfactorily on this site. Many factors such as but not limited to: site conditions, weather conditions, water usage and fluctuation of the seasonal water table may have an effect on the satisfactory operation of this system.

\_\_\_\_\_  
 (Initials) I understand that the daily design flow for my proposed sewage treatment is determined by number of bedrooms. I attest that the number of bedrooms declared on this application is true and correct to my knowledge.

\_\_\_\_\_  
 (Initials) I have been informed of sewage treatment system options and the plans submitted for approval are of my choice.

**Failure to obtain a permit to install a sewage treatment system within (5) five years of the approval date on this application will result in the approval being null and void. Changes to the submitted site and/or design plans may result in additional reviews and/or fees. This is not your permit to install, alter or replace the sewage system.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Property Owner or Authorized Representative)

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

**Referred To:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_