

# APPLICATION FOR PERMIT TO INSTALL/ALTER A SEWAGE TREATMENT SYSTEM OR GWRS

A plan review by Columbus Public Health (CPH) is required for any new installation, replacement or alteration of a Household Sewage Treatment System (HSTS), Small Flow On-Site Sewage Treatment System (SFOSTS) or Gray Water Recycling System (GWRS) within the cities of Columbus and Worthington. Please submit the completed application form, along with payment, to Columbus Public Health. Once the application is reviewed, you will be contacted about obtaining a permit.

**Type of Application:**  HSTS or GWRS (\$100 application fee)       SFOSTS (\$200 application fee)

**Owner or Designated Representative**

Name		Date	
Mailing Address	City	State	Zip
Email	Phone		

**Site Information**

Site Address	City	State	Zip
Parcel #	<input type="checkbox"/> New Installation <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration		

**Sewage Treatment System Contractor(s) Performing the Work**

1	Company Name	Installer Registration #	
	Company Address	City	State    Zip
2	Company Name	Installer Registration #	
	Company Address	City	State    Zip

**As required by Ohio Administrative Code (OAC) 3701-29-09, the following information must be submitted with this application:**

- (1) **Soil Evaluation Report** in accordance with OAC 3701-29-07.  Yes     No
- (2) **STS Design** in accordance with OAC 3701-29-10.  Yes     No
- (3) If applicable, **Incremental Replacement Plan** as per OAC 3701-29-09(C).  Yes     No     N/A

Please submit this completed form, the above required documents and payment by mail or in person to Columbus Public Health, 240 Parsons Ave., Columbus, OH 43215. (Make checks payable to the *Columbus City Treasurer.*)

<b>Applicant Signature</b>	<b>Date</b>
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**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

DATE REC \_\_\_\_\_ FEE PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_ REC BY \_\_\_\_\_ SR \_\_\_\_\_  
(P/E 7218 or 7219)

<input type="checkbox"/> HSTS or GWRS New/Replacement Permit <b>\$299</b> <small>(P/E 7220)</small>	<input type="checkbox"/> SFOSTS New/Replacement Permit <b>\$574</b> <small>(P/E 7230)</small>
<input type="checkbox"/> HSTS or GWRS Alteration Permit <b>\$235</b> <small>(P/E 7221)</small>	<input type="checkbox"/> SFOSTS Alteration Permit <b>\$285</b> <small>(P/E 7226)</small>

APPROVED     DATE APPROVED \_\_\_\_\_    APPROVED BY \_\_\_\_\_    PERMIT # ON \_\_\_\_\_  
 DISAPPROVED     DATE DISAPPROVED \_\_\_\_\_    DISAPPROVED BY \_\_\_\_\_    REASON \_\_\_\_\_

*ver 08.2017*