

COLUMBUS PUBLIC HEALTH

*240 Parsons Avenue Columbus Ohio 43215 *Phone:614-645-8191 *Fax: 614-645-7155

HSTS Application Fee \$100.00

SFOSTS Application Fee \$200.00

Application for Permit to Install/Alter a Sewage Treatment System

Property Information			
Property Address:			
PID:	Water Supply:		
Owner Name:			Phone:
Owner Address:			
Owner Signature:		Date:	
<input type="checkbox"/> Single Family	<input type="checkbox"/> Other _____	Bedroom #	<input type="checkbox"/> New Installation <input type="checkbox"/> Replacement

Permit Type Requested (Select One)	Permit Fee
<input type="checkbox"/> HSTS New / Replacement	\$250.00
<input type="checkbox"/> HSTS Alteration	\$200.00
<input type="checkbox"/> SFOSTS New / Replacement	\$525.00
<input type="checkbox"/> SFOSTS Alteration	\$250.00

STS Design Information (complete all applicable sections)		
Primary Treatment	Man./Model	Size
Secondary Treatment	Man./Model	Size
Tertiary Treatment	Man./Model	Size
Dosing Tank <input type="checkbox"/> Yes <input type="checkbox"/> No	Man./Model	Size
Soil Absorption Component	Soil Depth Credit	Size
Design Flow GPD	Designer	Vertical Separation Distance
Design Notes		

Complete This Section Only for a Discharging System	
NPDES Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Coverage Obtained
Receiving Stream	Discharge Location

STS Installer Information		
Installer Registration Number	Phone	Fax
Installer Name	Installer Address	
Installer Signature	Date	

Make Checks Payable to the Columbus City Treasurer

OFFICE USE ONLY

DATE REC _____ FEE PAID _____ RECEIPT # _____ REC BY _____ APPLIC PR _____
 APPROVED _____ DATE DIS/APPROV _____ DIS/APPROV BY _____ PERMIT # _____