Holmes County Health District

Request for Proposals: Development of GIS for Sewage Treatment System (STS) RFP # HCHD – 2024 STS GIS

Holmes County GIS
Attention: Erik Parker, GIS Director
75 E. Clinton St.; Suite 112
Millersburg, OH 44654

Advertise Date: July 3, 2024
Submittal Date: August 15, 2024

Contents

Introduction and Instructions

Section 1.01 Purpose of Request for Proposals

The Holmes County Health District (HCHD) is requesting proposals from qualified vendors to support the development of a GIS based system to inventory, inspect and analyze Sewage Treatment Systems (STS) in Holmes County, Ohio.

Section 1.02 Background

Currently, Holmes County GIS Department has one full-time employee to manage the GIS architecture, software, data, and content creation. The GIS Department has recently deployed an ESRI Enterprise (Portal) Environment to accompany its existing ArcGIS Online.

The HCHD serves a population of roughly 40,000 and is about 424 square miles in size, located in northeast Ohio. The Environmental Health Department of the HCHD is responsible for permitting, inspecting and enforcement of Sewage Treatment Systems (STS) in Holmes County. This is the department where the proposed application will be implemented.

The HCHD has no existing GIS data of the Sewer Treatment Systems in Holmes County.

Section 1.03 Contact Information

Email shall be the primary means of contact. All communication regarding this Request for Proposals is required to be submitted in writing to:

Erik Parker, Director
Holmes County GIS
75 E. Clinton St.; Suite 112
Millersburg, OH 44654

P: (330) 674-2083
E: evparker@co.holmes.oh.us

Section 1.04 Request for Proposals Schedule of Events

This schedule of events represents the HCHD's best estimate of the schedule that will be followed for this Request for Proposals (RFP) and selection process.

Event	Date	Time
RFP issued	July 3, 2024	
Questions from Respondents Due	July 17, 2024	3:30 PM EST
Final Answers and Addendums from the HCHD Due	July 30, 2024	
Proposals from Respondents Due	August 15, 2024	3:30 PM EST
HCHD to Notify Finalists by	August 30, 2024	

Section 1.05 Submittal of Questions

Prospective Respondents are requested to submit all questions in writing via email no later than 3:30 PM EST, July 17, 2024, to Erik Parker at evparker@co.holmes.oh.us. No telephone calls will be accepted unless the questions are general in nature. Oral answers to questions relative to interpretation of requirements or the proposal process will not be binding on the HCHD. The HCHD reserves the right to include questions and responses in the form of written addendums, as it deems necessary.

Section 1.06 Addendum

To ensure fair consideration for all Respondents, all addenda, amendments, and interpretations to this solicitation will be expressed to Respondents in the form of an Addendum, if such information is deemed necessary for the preparation of proposals, or if the lack of such information would be detrimental to an uninformed Respondent.

Addendums will be emailed to confirmed Respondents and posted to our website no later than July 30, 2024.

HCHD does not assume responsibility for the receipt of any addendum sent to the Respondent. The addendum will include, but may not be limited to, the following:

1. Responses to questions and requests for clarification sent via email; and
2. Responses to questions and requests for clarification raised by the deadline for submission of questions.

Respondents shall include a statement acknowledging receipt of all addendums with their proposal.

Section 1.07 Scope

The HCHD seeks to develop a GIS to inventory, permit and inspect Sewage Treatment Systems (STS) in Holmes County using the most appropriate tools in ArcGIS Enterprise and/or ArcGIS Online. No existing STS GIS data exists, so there is no data migration involved in this project. The scope of this project is to get assistance with the development of the framework for the HCHD staff to build their own data, not to have an outside contractor develop the data itself. The framework required includes, but is not limited to:

- Geodatabase design
- Domains, Subtypes, Attribute rules
- Software development
- Hardware recommendation and integration (tablets, GNSS)
- User licensing, security roles, groups recommendation and setup (AGOL and/or Portal)
- Report generation (forms, permits, reports)
- Administrative tools (web maps, reports, dashboards)
- Analytical tools (web maps, data hubs, dashboards)

The project will be broken down into four (4) distinct components that are interconnected. These components are described below. Proposers are encouraged to inject ideas in and around the general concepts outlined in this RFP if they believe it will enhance the overall objectives.

Component I: Permitting

The entire STS GIS will center around the core STS feature class of the location that represents the Sewage Treatment System itself and all its current attributes. The current attributes are determined by the original STS permit and any subsequent permits that may have altered the original permit. The STS location shall be represented by a point that will be based on the Address Point in the county's existing enterprise GIS.

The input data to create the STS feature layer comes in two forms; Legacy STS permits and New STS permits. The data model should account for both types of input data sources. There is fundamentally no difference between Legacy and New STS.

Core STS Feature Class

At minimum, any STS entered into the feature class should have the following attributes:

- Location
- Basic information about the STS (type, make, model, age, etc.)
- Documents scanned/generated and attached to the STS feature class (i.e. proposed designs, soil evaluation, permit, as-built drawings, etc.).

Legacy STS Records

There are approximately 10,000 existing STS throughout Holmes County. These systems need to be inventoried within an STS feature class. All Legacy STS records can essentially be viewed as "new" permits for the purpose of the data entry interface.

New STS Permits

There are four (4) distinct STS permit types that can be applied for:

1) New: Brand new installation of an STS
2) Replacement: Replacement of an existing STS
3) Alteration: Alteration of an existing STS
4) Abandonment: Abandonment of an existing STS

All permits must be entered into a Permit table that is related to the Core STS Feature Class. Each permit type will result in an action that affects the Core STS Feature Class record. A New STS permit will create the Core STS Record in the feature class for any given location. This Core STS Record can be altered thereafter by a Replacement, Alteration or Abandonment permit. Rules must be constructed to handle these relationships and the specific attributes that will be edited in the Core STS Feature Class Record.

Data driven form generation (e.g. permits). In the case of the Permitting Process the forms that will need generated are what is referred to as the "Permit Packet" (see Example C). This a packet has a number of pages that can be generated from the database, with some of them requiring applicant signatures.

Interfaces

STS Designer Interface

The first step in the Permitting Process is the submission of a Proposed Site Plan and Soil Evaluation. These are typically submitted by an STS Designer in paper format to the Holmes County Health District - Environmental Health Division. Ideally any new system that will be built to manage STS data will include an interface that will give the STS Designers the ability to enter key information about the proposed STS and attach/upload all the relevant documents that need reviewed by the HCHD staff (See Example A for Permitting Workflow Diagram and Example B for initial Proposed Site Plan & Site Soil Evaluation). We believe this interface can likely be best served using a Survey123 form.

The goal is to capture as much information as possible from the designer of the STS at the outset of the permitting process. The STS Designer Interface therefore needs to edit a staging database, rather than the Permitting table directly. This staging database will then be reviewed by HCHD staff to review/edit

the data before committing it to Permitting table and any subsequent record creation/alteration in the Core STS Feature Class Record.

HCHD Staff Data Entry Interface

One or more interfaces need to be developed to allow the entry of legacy STS permits and the entry of new STS permits to create/update the core STS feature class. This interface must contain entry fields for all the relevant fields, as well as a geolocator map to query and select the Address Points from the county's Enterprise GIS that will serve as the primary location for the STS Core Record.

It is important to note that any data submitted from the STS Designer Interface must be accessible by the HCHD staff. This data will be reviewed, edited, and ultimately approved. Designers may not able/required to submit through the STS Designer Interface. Even under the best scenario, the data submitted via the STS Designer Interface will be just the very basic information to start the Permitting Process.

Component II: Inspections

After an STS is permitted each must be inspected. Each inspection uses a variation of the same central form, which will need to be replicated within the solution. All inspections will be done on tablets using ESRI Survey123 and/or Field Maps paired with the appropriate GNSS.

Final Inspection (Inspection Shortly after STS Installation)

Shortly after an STS is installed it must be inspected before being buried underground. There is a form that is filled out upon each final inspection. The form varies slightly based on the type of STS that has been installed. A data entry form must be created, likely in Survey123, to replicate the data collected currently on paper forms.

HCHD intends to capture all the important components of the STS with a GNSS receiver to support easier geolocation of these features during subsequent regular inspections. Proposer must provide recommendations on the best approach to implementing GNSS for the relevant field staff. It is imperative that any GNSS solution provided be simple to operate and meet the necessary spatial accuracy requirements to locate STS features easily once these features are buried underground. The GNSS solution will likely be paired with ESRI Field Maps.

Post-Installation Inspections

There are five (5) types of inspections that occur after the installation and final inspection. The type and frequency of these inspections are driven by the type of STS that was installed, as well as any rules promulgated by the Ohio Department of Health (ODH) and/or the Holmes County Health District (HCHD). These inspections are:

- 12-Month Inspection
- Operations & Maintenance Inspection
- Small Flow/HB110 Inspection
- Point of Sale Inspection
- Nuisance Inspection

It is likely that all the post installation inspections can use some variation of the same form. A Survey123 form and/or Field Maps with rules that govern which fields are available for editing based on the type of inspection selected is likely the way to proceed. There are approximately 4 inspectors that perform these inspections.

Post-installation inspections are performed based on regular intervals, except for Point of Sale and Nuisance inspections which are ad hoc. These intervals are dictated by the installation date and the type of STS that was installed. Rules will need to be constructed in the solution to present to administrators all the STS that require inspection each month.

Reporting needs to be built into the system to generate monthly reports that show all of the inspections that need to take place. A system to "check-out" a set of records for field inspection by the inspectors needs to be put into place. It is likely that the ability to create/edit data offline will be required.

Once the inspector has a list of STS locations he/she must inspect, the inspector must be able to select the location and route to it using the native mapping solution on the tablet (e.g. Apple Maps, Google Maps). It is also critical that the inspection field solution contain a method to select and locate specific STS features on any given property.

Component III: Administrative

Dashboards

The HCHD administration will require dashboards for quick access to data regarding, but not limited to, the following:

- Progress of Legacy STS data entry
- Permitting (by type, timeframe, etc.)
- Inspections (by type, timeframe, future, inspector, etc.)
- General web map queries on STS (e.g. "Select all STS over 30 years old in Township X")

ODH Reporting

The HCHD is required to report to the Ohio Department of Health (ODH) on a quarterly basis.

1) Sewage Permit Report Spreadsheet
    - Excel spreadsheet that summarizes all of the permits and fees issued. This is a running total for each year, sent at the end of each month.

2) Transmittal Fee Worksheet

    - This form aggregates the total number of permits issued, and the related fees owed to ODH, for each calendar month.

General Scope Comments

It is the preference of the HCHD to build the entire solution entirely within ArcGIS Online, however if this is not possible the solution may also involve the county's Enterprise GIS for all or part of the solution. At minimum, a collaboration between the ArcGIS Online instance and the county's Portal should be a part of the plan to ensure current versions of the data are replicated to the county's Enterprise GIS.

As a result of this project, the HCHD shall retain ownership of all components of the solution. Detailed documentation of the total solution must be provided upon delivery. This documentation must provide not only a complete description of all the components and how they interact, but also how to troubleshoot any problems that may arise.

Proposal must also include adequate training for the staff members that will be tasked with using the solution, as well as options for support and troubleshooting for at least the first year after delivery.

Greater value will be placed on solutions for this phase that require the least amount of GIS technical capability and ESRI licensing costs. There will be numerous individuals within the HCHD tasked with entering the permit data, especially legacy records after the system are initially delivered.

Optional Proposal Items

Augmented Reality for Post-Installation Inspection Field Work

Augmented Reality (AR) through ESRI offers up the potential to assist the field inspectors in quickly locating and visualizing STS features that have been buried after installation. An AR tool is something that can be proposed as an optional part of the proposal.

Analysis of STS

One of the long-term objectives of this project is to be able to analyze the STS data and locations. The purpose of this analysis is to improve water quality throughout county and regional watersheds by identifying Sewage Treatment Systems (STS) that are:

- In a failed or failing state based on age and type of STS
- Locations where there are no forms of sewage treatment at all. Through a process of identifying all the addresses in the county once the inventory of legacy STS is complete and all the addresses on public sanitary sewer, it will be possible to inventory all the addresses for which the county has no record of any sanitary system in place.
- Areas that would be best served by the extension of existing sanitary sewer.

- Identifying clusters of failing systems within specific sub-watersheds. Any clusters will provide actionable data for targeting grant applications for remediation.

While it will take quite some time for the HCHD staff to input all the Legacy STS data into the new GIS, Respondents are welcome to submit ideas for this optional part of the proposal.

Submittal Requirements & Procedure

Section 2.01 Required Content

1. Cover Letter and Executive Summary, Signed

   Respondent must submit a Cover Letter and an Executive Summary of the proposal, signed.

2. Qualifications of the Submitting

   Firm Including but not limited to:
   a. Firm Overview of Services and Capabilities.
   b. Relationship with ESRI and ESRI Partner status/certifications.
   c. Experience with ESRI platform
   d. Experience with any Projects Similar to One Described in this RFP
   e. Relevant Staff Members to be Assigned to Project

3. References

   Respondents must also submit 2 references. Preferably from public entities and/or municipalities on contracts of similar scope and magnitude as described in this RFP performed by the Respondent's entity. Descriptions should be limited to one page for each project.

4. Proposed Project Approach and Fee

   Proposer shall submit their approach and understanding, providing a clear articulation of the project goals and requirements. Proposer should explain their approach to the overall project.

   Proposers shall detail costs at the task level, showing costs per task totaling the lump sum estimate. If selected, actual project costs per task can vary, but total project cost must adhere to the overall amount. The structure and timing of the management fee payments are open to negotiation.

5. Project Timeline & Communication Plan

   A proposed project timeline should be submitted that provides realistic benchmarks for each phase and any proposed sub-phases. A process for communication shall be clearly proposed that includes the frequency, content and method. High priority will be placed on both a reasonable timeline and related communication.

Section 2.02 Submittal Procedure

Proposers must submit one (1) electronic copy (via flash drive) of the firm's proposal in PDF format in a sealed envelope marked "RFP #HCHD – 2024 STS GIS" no later than August 15, 2024 at 3:30 p.m. EST. Proposers can also hand deliver the sealed proposals by the same deadline to:

Erik Parker, Director
Holmes County GIS
75 E. Clinton St.; Suite 112
Millersburg, OH 44654

The HCHD reserves the right to reject any or all proposals or to accept any proposal or portion of a proposal deemed to be in the HCHD's best interest. The HCHD reserves the right to terminate this RFP solicitation at any stage if determined to be in the best interests of the community. The receipt of Proposals or other documents will in no way obligate the HCHD to enter into an agreement of any kind with any party.

Evaluation and Selection Process

Section 3.01 Proposal Evaluation

The HCHD will formally evaluate each response. The evaluation process will objectively grade the responses on their merit and responsiveness. The HCHD intends to select the Respondent that the HCHD determines is the most responsive and responsible and will provide the HCHD with the highest quality work based on the evaluation criteria.

Section 3.02 Evaluation Criteria

This RFP will be largely judged upon the proposer's qualifications and experience. Other factors, such as fee, are relevant and considerations of each factor are presented in the table shown below.

Evaluation Criteria	**Points**
Project Understanding and Approach	30
Qualification/ Experience with Similar Projects	20
Compliance with RFP; References	20
Fee	20
Project Timeline & Communication Plan	10
TOTAL	**100**

Section 3.03 Selection Process

The HCHD's Proposal Evaluation Committee will:

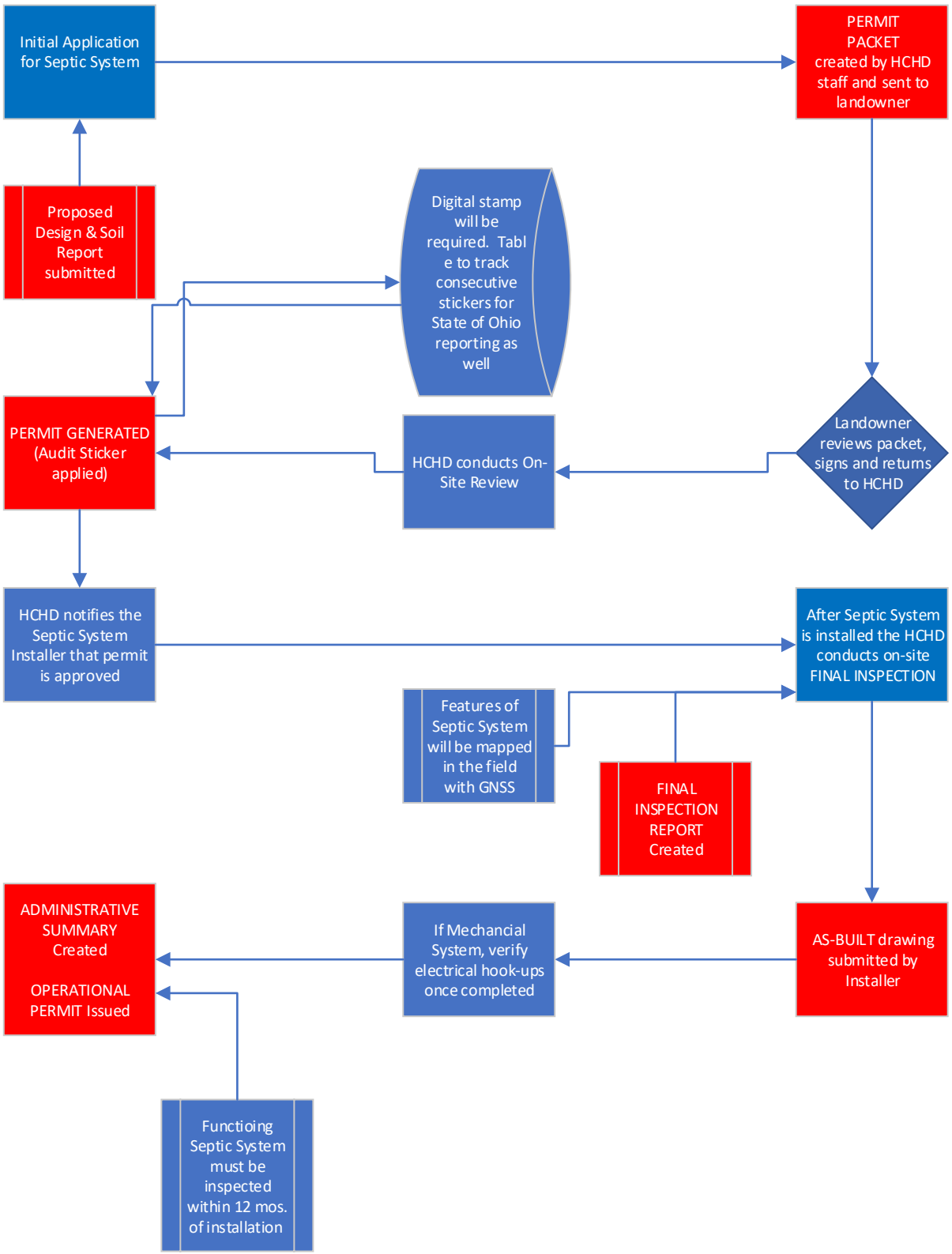
1. Review and evaluate proposals
2. Select finalists
3. Negotiate the contract with the selected Respondent The final contract is subject to approval by the Holmes County Health District Board.

Examples of Current Diagrams and Forms

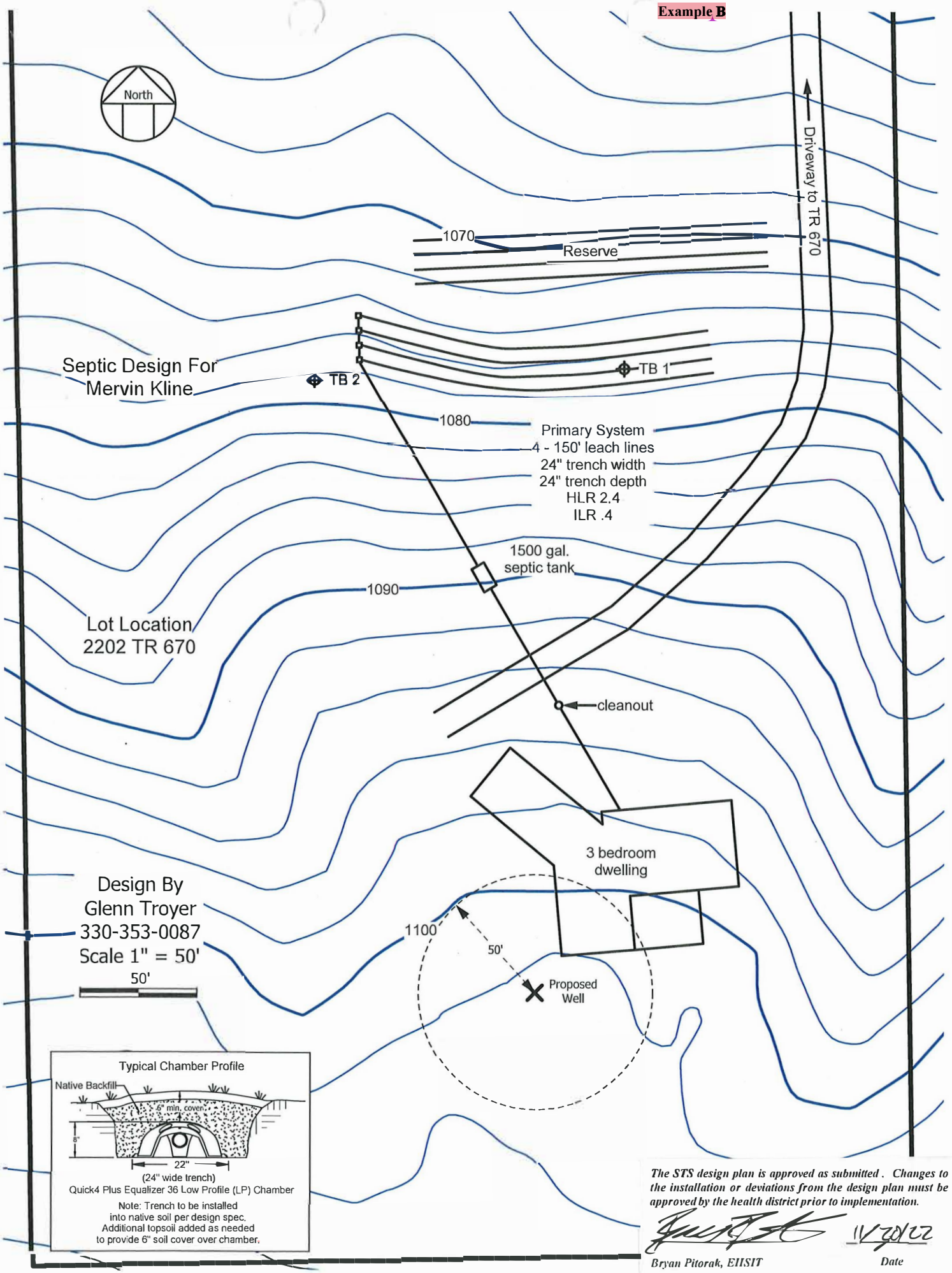
A. STS Permit Workflow Diagram
B. PERMITTING - Proposed Site Plan & Soil Evaluation
C. PERMITTING - Permit Packet
D. PERMITTING - STS Permit
E. PERMITTING - As-Built Drawing
F. INSPECTIONS - Final Inspection Checklist (General)
G. INSPECTIONS - Final Inspection Checklist (End-Fed Leach Lines)
H. INSPECTIONS - Final Inspection Checklist (Center-Fed Leach Lines)
I. INSPECTIONS - Final Inspection Checklist (Sand-Lined Systems)
J. INSPECTIONS - Final Inspection Checklist (Spray or NPDES Systems)
K. INSPECTIONS - Administrative Summary
L. INSPECTIONS - 12 month STS/SFOSTS Follow-Up Checklist
M. INSPECTIONS - Operation and Maintenance Inspection Checklist
N. INSPECTIONS - Small Flow/HB110 Inspection Checklist
O. INSPECTIONS - Point of Sale Inspection
P. ADMINISTRATIVE - Sewage Permit Report Spreadsheet
Q. ADMINISTRATIVE - Transmittal Fee Worksheet

Example A

Holmes County Health District
Septic System Permitting Workflow



Example B



The STS design plan is approved as submitted . Changes to the installation or deviations from the design plan must be approved by the health district prior to implementation.

Bryan Pitorak, EHSIT *Date* 11/30/22

Site and Soil Evaluation for Sewage Treatment and Dispersal

County: Holmes
Township / Sec.: Paint
Property Address/Location: 2202 TR 670
Millersburg, OH 44654
Applicant Name: Valley View Excav/ M. Kline
Address: 9135 TR 614
Fredericksburg, OH 44627
Phone #: 330-763-1088
Lot #: 1500153004
Test Hole #: 1
Latitude/Longitude: N 40.63420 W 81.69675
Method: ___ Pit X Auger ___ Probe

Land Use / Vegetation: grass/weeds
Landform: Upland
Position on Landform: Hillslope
Percent Slope: 8
Shape of Slope: Linear
Weather: sunny
Date Evaluated: 8/16/2022
Evaluator: Barry D. Cavanna CPSS
4686 Valley Road
Wooster, OH 44691

Hawkhaven
4686 Valley Road
Wooster, OH 44691
(925) 628-8187

CERTIFICATION #19577
Signature:
Phone#: 925-628-8187

CPSS

Certified Professional Soil Scientist
BARRY CAVANNA
19577

Soil Profile		Estimating Soil Saturation			Estimating Soil Permeability							
		Munsell Color (hue, value, chroma)										
			Redoximorphic Features		Texture			Structure				
Horizon	Depth (inches)	Matrix Color	Concentrations	Depletions	Class	Approx. % Clay	Approx. % Fragments	Grade	Size	Type (shape)	Consistence	Other Soil Features
Ap	0-13	7.5YR 4/2			l	15		2	m	gr	fr	
Bt1	10-20	7.5YR 4/4			vfsl	15		2	m	sbk	fr	
Bt2	20-40+	10YR 4/4			grsl	15	15	2	m	sbk	fr	

Limiting Conditions	Depth to (in.)	Descriptive Notes	Remarks / Risk Factors:
Perched Seasonal Water Table	n/a > 40		
Apparent Water Table	n/a > 60		
Highly Permeable Material	n/a > 60		
Bedrock	n/a > 60		
Restrictive Layer	n/a > 60		

Note : The evaluation shall include a complete site plan or site drawing.

ODH - Dec. 2006 - Revised Sept. 2007

Site and Soil Evaluation for Sewage Treatment and Dispersal

County: Holmes
Township / Sec.: Paint
Property Address/Location: 2202 TR 670
Millersburg, OH 44654
Applicant Name: Valley View Excav/ M. Kline
Address: 9135 TR 614
Fredericksburg, OH 44627
Phone #: 330-763-1088
Lot #: 1500153004
Test Hole #: 2
Latitude/Longitude: N 40.63419 W 81.69724
Method: ___ Pit _X_ Auger ___ Probe

Land Use / Vegetation: grass/weeds
Landform: Upland
Position on Landform: Hillslope
Percent Slope: 8
Shape of Slope: Linear
Weather: sunny
Date Evaluated: 8/16/2022
Evaluator: Barry D. Cavanna CPSS
4686 Valley Road
Wooster, OH 44691

Hawkhaven
4686 Valley Road
Wooster, OH 44691
(925) 628-8187

CERTIFICATION #19577
Signature:
Phone#: 925-628-8187

Certified Professional Soil Scientist
BARRY CAVANNA
19577

Soil Profile		Estimating Soil Saturation			Estimating Soil Permeability							
		Munsell Color (hue, value, chroma)										
			Redoximorphic Features		Texture			Structure				
Horizon	Depth (inches)	Matrix Color	Concentrations	Depletions	Class	Approx. % Clay	Approx. % Fragments	Grade	Size	Type (shape)	Consistence	Other Soil Features
Ap	0-10	7.5YR 4/2			l	15		2	m	gr	fr	
Bt1	10-20	7.5YR 4/4			vfsl	15		2	m	sbk	fr	
Bt2	20-40+	10YR 4/4			grsl	15	15	2	m	sbk	fr	

Limiting Conditions	Depth to (in.)	Descriptive Notes	Remarks / Risk Factors:
Perched Seasonal Water Table	n/a > 40		
Apparent Water Table	n/a > 60		
Highly Permeable Material	n/a > 60		
Bedrock	n/a > 60		
Restrictive Layer	n/a > 60		

Note : The evaluation shall include a complete site plan or site drawing.

ODH - Dec. 2006 - Revised Sept. 2007


2202 TR 670
Legend
TB
670
Hawbhaton
4686 Valley Road
Wooster, OH 44691
Preferred Frenchies
TB 2
TB 1
40°38'03.1"N 81°41'48.3"W
Google Earth
N
200 ft

Example C

Holmes County General Health District
Prevent. Promote. Protect.

Division of Environmental Health
P.O. Box 272
Millersburg, OH 44654
330-674-8422

Enclosed please find an application for a sewage treatment system site evaluation and/or an application for a sewage treatment system Permit to Install/Alter. Sign and date the enclosed document(s) where indicated. Return the completed document(s) to the Health District office at your earliest convenience.

The item(s) checked and highlighted below are required to be submitted to the Health District prior to the issuance of the Permit to Install/Alter a sewage treatment system:

X	Fee $809.00	$310.00 Site review	($300.00 local fee + $10.00 GIS fee)
		$424.00 Permit to Install	($350.00 local fee + $74.00 state fee)
		$75.00 Permit to Operate (Initial 12 months after installation)	
		$424.00 Permit to Install - Replacement	($350.00 local fee + $74.00 state fee)
		$210.00 Permit to Alter	($175.00 local fee + $35.00 state fee)
		$35.00 Abandonment permit	
		$100.00 Variance request fee	
		$50.00 Privy	
		$150.00 Application for STS, SFOSTS or GWRS design	

☐ Abandonment completion report must be completed and submitted with the appropriate information (bottom half of the document)

☒ Signed permit addendum acknowledging the General Installation Guidelines and the Operation and Maintenance Requirements for the sewage treatment system to be installed on the project site.

☒ Name of the registered sewage treatment system contractor

☐ Sewage treatment system design plan

☐ Legal easement, deed restriction, reconfigured (resurveyed plat) allowing for sewage treatement system to cross parcel lines (refer to index A)

☐ Site and soil evaluation conducted by a certified professional soil scientist or soil classifier

☐ House/business/facility number (can be obtained by contacting the Holmes County Engineer's Office at 330-674-5076)

☐ Self-installed sewage treatment system registration application and proof of compliance with the testing requirements specified in OAC 3701-29-03 (C) (2). An electronic copy of the STS rules and the exam can be accessed at the following link: https://www.otco.org/sewage-treatment-systems-program.html

☒ The estimated cost to install the sewage treatment system

☐ Planned source of drinking water: well _____ developed spring _____

public water _____

water system contractor _____

☐ Copy of the plan(s) for the structure indicating where the sewer line(s) exit the foundation

Additional comments:

_____

_____

_____

_____

If you have questions, please contact the Environmental Health Division of the Holmes County General Health District at: (330)-674-5035. Thank you.

Colt Tennant, REHS Water Quality Programs Supervisor

Receipt # 22JM25098

Permit # 6995-22

Local Health District

Holmes County

Permit To Install or Alter a Sewage Treatment System

RECEIVED DEC 07 2022

The issuance of this permit confirms that all requirements of OAC rule 3701-29-09(B) are complete as documented below.

- ☐ Site Review Application, associated fees, and the following:
  - ■ Completed Soil Evaluation in accordance with OAC rule 3701-29-07, If waived by the Board of Health, state why: _____
  - ■ Completed STS Design, in accordance with OAC rule 3701-29-10 Estimated System Cost: $ 12,000.00
  - ☐ If applicable, Incremental replacement plan as per OAC rule 3701-29-09 (C).
- ☐ Application for Permit and associated fees
- ☐ Proof of registration with the Ohio EPA Class V injection well program ■ N/A

This sewage treatment system permit is being issued to:

Owner's or Designate Representative's Name (printed)	Township
Mervin D. & Shelia E. Kline	Paint
Property Street Address, City, OH (location of the installation, replacement or alteration)	
2202 TR 670, Dundee, OH 44624	PID: 15-00153-004

STS Contractor(s) performing the work.

1	Company Name: ValleyView Excavating	Installer Registration #:
	Company Address: 9045 Twp Rd 614 Fredricksburg OH 44627	
2	Company Name:	Installer Registration #:
	Company Address:	

Notice to the Owner and STS Contractor:

- The installation, replacement or alteration shall comply with the approved site review, any conditions of this permit, and any conditions of a product approval, the design, and Chapter 3701-29 of the Administrative Code.
- The owner of the STS and/or an authorized agent shall be responsible for all coordination between the local health district, designer, soil evaluator, installer, and Ohio EPA, if applicable.
- The protection of the sewage treatment system area is required prior to, during, and after construction.
- This installation, replacement or alteration permit may be revoked by the board of health prior to its expiration if a change in site conditions, the quality of the work, or if other conditions arise that are not in compliance with Chapter 3701-29 of the Administrative Code.
- This permit is valid for one (1) year from the date issued by the Board of Health.

Sewage Treatment System Permit Requirements ■ **Installation** ☐ **Replacement** ☐ **Alteration**

Sewage Treatment System:
1. ■ Soil Absorption 2. ☐ NPDES System 3. ☐ Non-NPDES System 4. ☐ Tank Replacement

Gray Water Recycling System:
1. ☐ Type 1 2. ☐ Type 2 3. ☐ Type 3 4. ☐ Type 4

System Description:
1. ☐ Septic tank to shallow leach lines 2. ☐ Pretreatment to shallow leach lines 3. ■ Septic tank to 18"-30" leach lines
4. ☐ Pretreatment to 18"-30" leach lines 5. ☐ Septic tank to sand mound 6. ☐ Pretreatment to sand mound
7. ☐ Septic tank to drip distribution 8. ☐ Pretreatment to drip distribution 9. ☐ NPDES System
10. ☐ Other _____ 11. ☐ Septic Tank to LPP 12. ☐ Pretreatment to LPP
13. ☐ Spray Irrigation 14. ☐ Privy or Holding tank 15. ☐ Sand Lined Systems

Soil Depth Credit *(if applicable)*
1. ☐ One foot credit allowed 2. ☐ Two foot credit allowed ☐ Six inch credit allowed

Was a variance granted by the Board of Health prior to this permit being issued? ☐ Yes ■ No

Date Approved *(If Yes)*: Variance requested for OAC 3701-29- _____

Comments:

PROPERTY OWNER or DESIGNATE REPRESENTATIVE SIGNATURE *(if applicable)*	DATE OF SIGNATURE:
[signature]	12-5-22

THIS PERMIT IS VALID ONE (1) YEAR FROM THE DATE ISSUED.

DATE ISSUED 12-8-22

PERMIT ISSUED BY (RS or SIT only)	SIGNATURE
Bryan Pitorak, EHSIT	[signature], EHSIT

PERMIT EXTENSION

Approved By	Date Approved	Date Expires

PLACE PUBLIC STICKER BELOW

Ohio Department of Health Sewage Treatment System 127,436

HOLMES COUNTY HEALTH DEPARTMENT

85 N GRANT ST, SUITE B (330) 674-5035

Millersburg Ohio 44654

Receipt Number SEW-22-JM-25098
Date 12/7/2022
Paid With CHECK
Check # 1190

RECEIVED FROM MERVIN KLINE

Type of Service	Amount Charged	Amount Paid	Balance Due	Comment	Issued Name	Certificate #
SITE EVALUATION/HOUSEH	$230.00	$230.00	$0.00			
PERMIT TO INSTALL / HOUS	$300.00	$300.00	$0.00			
PERMIT TO OP / HOUSEHOL	$75.00	$75.00	$0.00			
STATE FEE	$74.00	$74.00	$0.00			
SITE EVALUATION / GIS	$10.00	$10.00	$0.00			

Total Charged	$689.00
Total Paid	$689.00
Balance Due	$0.00

Receipted By JENNIFER MENUEZ

Holmes County General Health District

Division of Environmental Health
P.O. Box 272
Millersburg, OH 44654
330-674-8422

RECEIVED DEC 07 2022

Sewage Treatment System Site Review Application

PROJECT NAME: Mervin D. & Shelia E. Kline

PROPERTY OWNER: Mervin D. & Shelia E. Kline TELEPHONE:

MAILING ADDRESS: 4976 Cardinal Ct., Millersburg, OH 44654

PROPERTY ADDRESS: 2202 TR 670, Dundee, OH 44624 TOWNSHIP: Paint

PARCEL ID: 15-00153-004

I request a site review of the above referenced property for the proposed installation of a sewage treatment system. I certify the information provided below is correct and all information pertaining to the property has been disclosed. I understand that this site review is not a permit to install. I will not begin construction before a permit to discharge sanitary wastes and/or to install a sewage treatment system is issued.

DATE 12-5-22 SIGNATURE

Property owner to complete this section:

ACRES 6.328 LOT SIZE

[X] PRIVATE WELL
[ ] PUBLIC WATER SUPPLY

USE: [X] Single-family dwelling #bedrooms 3

Check all that apply:

[✓] Water softener [ ] Whirlpool/Jacuzzi [✓] Garbage grinder [ ] Rainfail shower heads [ ] Top loading washer

USE: [ ] SFOSTS project description:

PLANNED INSTALLATION DATE REGISTERED INSTALLER Valley View Excavating

Health District use only:

Estimated waste flow: 360 GPD

[X] Site and Soil Evaluation submitted by: Hawkhaven LLC / Barry D. Cavanna, CPSS, CPESC (cert. no. 19577)

[X] STS system design submitted by: GT Services / Glenn Troyer

[✓] The project site is **APPROVED.** The proposed STS meets criteria specified in OAC 3701-29.

[ ] Based on the information submitted, it cannot be determined if the lot is suitable for a STS. See comments for additional needed information.

[ ] Based on the information submitted, this lot is not suitable for an on-lot soil-based STS. NPDES coverage and permit is required from the Ohio EPA for approval of an off-lot discharging system.

[ ] An incremental sewage treatment system replacement plan is required.

[ ] The project is **DISAPPROVED.** The lot is not suitable for a STS.

Is the project site located within a special flood hazard area inundated by 100-year floods (Source: FEMA Flood Insurance Rate Maps and https://gis.co.holmes.oh.us/holmests/)

FEMA Map no. 39075C0125D

[ ] Yes [X] No

ODNR Oil & Gas Information https://gis.ohiodnr.gov/MapViewer/?config=OilGasWells

There is one active producing well approximately 450 feet SE of the proposed project site. Map included in file.

REQUIRES VARIANCE FROM RULE(S):

COMMENTS:

Date 12/8/22 Sanitarian , EHST

Received 12-7-22
Fee $225.00
Receipt# 22JM25098
Check # 1190

4/10/2015

Sewage Treatment System Permit-to-Install Addendum

Holmes County General Health District

Project ID: Mervin D. & Shelia E. Kline
2202 TR 670
Paint Township
PID: 15-00153-004

Division of Environmental Health
P.O. Box 272
Millersburg, OH 44654
330-674-8422

Sewage Treatment System components:

- **1500-gallon dual compartment septic tank with an effluent filter installed in the outlet baffle. The effluent filter must be certified to ANSI/NSF Standard 46 and sized to meet the estimated daily design flow for the system.**
- **4 leaching trenches utilizing Infiltrator® Quick4® Equalizer 36 Low Profile (LP) chambers @ 150 feet long x 24 inches wide x 24 inch maximum trench depth from the existing ground surface.**
- **Distribution of effluent will be achieved with drop boxes installed at the head of each trench. Sequential distribution will be achieved with the utilization of flow equalization/diversion devices. The drop boxes at the head of each trench will also be utilized to monitor the liquid level in each of the leaching trenches.**

Sewage Treatment System (STS) GENERAL INSTALLATION GUIDELINES:

1. All installation and construct techniques shall conform to Ohio Administrative Code 3701-29 pertaining to on-site sewage systems and the permit-to-install for this site.
2. The installation of this system shall be in accordance with specifications and procedures as supplied by the manufacturer of the equipment.
3. All PVC pipe and fittings shall be PVC SCH 40 type 1 rated for pressure applications between house and tanks. The pipe between the tank and leaching trench may be SDR 21 or thicker. All glued joints shall be cleaned and primed prior to being glued.
4. Residential sewage treatment systems shall be installed while soil conditions are optimal and present the least possibility to damage the permeability and porosity of the soil. Installation of the sewage treatment system shall not be permitted during wet weather conditions. Disturbed and/or damaged soil will take decades or longer to recover so that it can be utilized for on-site treatment and disposal.
5. Soil in the area designated for the installation of the residential sewage treatment system must be protected from mechanical compaction during construction of the dwelling. There shall be NO activity on the designated absorption area other than minimum required to install the system. Do not park or drive large equipment over and/or store materials in or on the designated absorption area. The designated absorption area must also be protected with construction or silt fence.
6. Building sewers shall comply with the following:
    a. The elevation of a building sewer shall be aligned to accommodate the plan elevations of the subsequent STS components at a uniform grade of not less than one per cent or one eighth of an inch per foot. Designs should avoid sewer line slopes greater than ten per cent.
    b. The sewer shall be properly bedded in soil native to the site or coarse aggregate that minimizes settling;

c. A building sewer shall be watertight, have a minimum diameter of four inches, be Schedule 40 or SDR 21 or greater, and be constructed of durable material conforming to ASTM D2661 or ASTM D1527 for ABS plastic pipe or ASTM D1785. ASTM D2729 or ASTM D2665 for PVC plastic pipe.

d. Pipe-fittings, and joining materials shall be chemically and physically compatible and ensure water-tightness; and

e. No pipe elbows greater than forty five degrees are permitted.

7. A cleanout shall be required outside each structure served by a STS when one is not provided inside the structure. Additional cleanouts shall be required in a building sewer at the point a building sewer pipe exceeds seventy-five feet and at every one hundred foot interval thereafter.

8. Casing or another form of protection shall be provided for any portion of a building sewer located in areas where soil or environmental conditions exist that could cause excessive additional loads on the sewer including vehicle traffic or excavation in or through disturbed or excavated soils.

9. In circumstances when the water line and sewer line must cross, the following installation guidelines shall apply:

   a. A minimum vertical distance of twelve inches between the outside of the water service line and outside of the sewer line shall be provided. This shall be the case where the water line is either above or below the sewer line with preference to the water line being located above the sewer line.

   b. At crossings, water pipe shall be installed so that any joints will be a minimum of ten feet from the sewer line, and a twenty-foot sleeve of larger diameter pipe shall be installed on either the water service line or the sewer line and the pipe sleeve sealed at both ends.

   c. A water service line and sewer line shall not share the same trench except where they must cross.

10. Horizontal spacing between trench sidewalls must be a minimum of four (4) feet.

11. If trees or brush are removed from site this must be accomplished with minimal soil disturbance. Trees should be cut flush with the soil surface and trenches shall be installed around the larger stumps. Excessive soil disturbance will require the system to be relocated.

12. Do NOT plant trees, shrubs, or any plants with extensive root system near the leaching trenches. It is recommended that all trees and shrubs be cleared at least twenty-five (25) feet away from the leaching trenches. If trees are not removed, the homeowner shall accept the risks associated with roots. Some tree species are more aggressive at seeking water then others; research tree species prior to planting near system or if there are existing trees nearby.

13. After settling, the minimum soil cover over leaching trenches is 6 inches or manufacturer's specifications. The cover material must be of a quality to allow for oxygen transfer and the growth of vegetation. Leaching trenches shall be level along the length and shall follow the natural contour maintaining the specified trench depth.

14. Fines-free distribution media (i.e. chambers, expanded polystyrene bundles) must be installed per the manufacturer's guidelines.

15. An inspection port or similar means (i.e. drop boxes) shall be installed to monitor the liquid level in each of the leaching trenches.

16. A diversion swale must be installed upslope of the leaching trenches to divert surface water from infiltrating or ponding in, on or around the trenches. The diversion of surface water shall not negatively impact drainage of or onto other properties or storm water management.

17. Special safety considerations and construction criteria must be utilized where leaching trench components are to be installed on sites with slopes greater than fifteen percent (15%). Manufacturer prohibitions and instructions shall be followed. Increasing the separation distance between leaching trenches may minimize the horizontal seepage and downslope surfacing of effluent. Individual trenches must be constructed on contour with the surface of the ground and with a level trench bottom to keep the trench cover a uniform thickness.

Recommendations to enhance the operation and life of a STS

Occupants of homes which utilize residential sewage treatment systems should:

1. Practice water conservation. The use of low volume flow shower heads and faucets, volume control fixtures and water conserving appliances are encouraged. The use whirlpool tubs, spas, rainfall shower heads, etc. are strongly discouraged.
2. Use harsh household cleaners in moderation. The ingredients found in most household cleaners are designed to clean and disinfect, but these same ingredients also destroy microorganisms found in the sewage treatment system which are actively digesting and breaking down waste.
3. Minimize solids and organic (i.e. food material deposited through kitchen garbage disposals) loading. Excessive organic loading of the septic tank, most generally as a result of heavy kitchen garbage disposal usage, necessitates more frequent pumping.
4. Avoid shock loads (large volumes of water) such as multiple loads of laundry done in succession. Doing several loads of laundry in a single day can create hydraulic overload which disrupts the calm conditions necessary for the settling and retention of solids in the septic tank(s).
5. Not dispose of cleaning tissues, cigarette butts, diapers, condoms or other trash in the sewage treatment system. These items do not degrade and result in a faster accumulation of solids in the septic tank(s). As a rule of thumb, do not dispose of anything in the septic system that can just as easily by put in the trash.
6. Clean and inspect the effluent filter in the septic tank (s) at least once per year. The effluent filter is located in the outlet baffle of the last tank or tank compartment and is designed to extend the life of the secondary treatment component (leaching trenches, sand mound, etc.) by preventing solids from leaving the tank(s).
7. Have a registered septage hauler pump and clean the septic tank(s) and aerobic treatment unit tank(s) of their contents every three (3) years per the requirements of the STS Operation Permit. Pumping is an important key to protecting the investment you made in the sewage treatment system by minimizing the accumulation of solids in the tank(s).
8. Divert sources of water such as roof drains, footer drains, sump pumps, and discharge water from the regeneration of water softeners away from a sewage treatment system. Excess water can saturate the soil eventually leading to premature system failure.
9. Protect the sewage treatment system from potential damage. Do not permit anyone to drive or operate heavy machinery over any part of the system. Locate structures such swimming pools and portable barns in a part of the property away from the sewage treatment system. Maintain a good vegetative cover over the system in order to help remove excess water and prevent erosion. Consult with a professional arborist, horticulturist or landscaping company before planting trees, shrubs or plants near the system.

Verification to assure compliance with OAC 3701-29

The Holmes County District Board of Health may at any reasonable time inspect any sewage treatment system, part thereof, or proposed sewage treatment system site, to conduct sampling, collect data, or perform other activities necessary to assure compliance with OAC 3701-29.

The board of health may conduct an inspection when:

1. There is a good faith complaint regarding the system using forms and procedures developed by the board of health;
2. There is probable cause for an inspection, including but not limited to, the presence of odors, untreated or poorly treated effluent, or sewage discharging to the surface of the ground, streams or water ways, discharge to ground water, drainage or dry wells, cesspools, sinkholes or other unauthorized structures or systems;
3. Proof of required maintenance has not been provided by the owner of the sewage treatment system as required in OAC 3701-29-19 (D). The board of health shall provide written notice to the owner of a sewage treatment system of the option to provide proof of maintenance in lieu of inspection by the board, and the reasonable cost of the inspection which may be assessed to the sewage treatment system owner; or

The board of health may inspect a sewage treatment system without prior notice in any instance in which the board has probable cause to believe the system is endangering or threatening to endanger public health. A board of health may assess a fee established under OAC 3701-29-05 for the costs of effluent testing or evaluation to the owner of the STS that is being investigated.

STS Operation & Maintenance (O & M) requirements per Holmes County District Board of Health Supplementary Rules to OAC 3701-29

In reference to 3701-29-09 (I) (2) of the Ohio Administrative Code, the board of health shall specify any terms and conditions of the operation permit consistent with this chapter governing the operation, maintenance, and abandonment including:

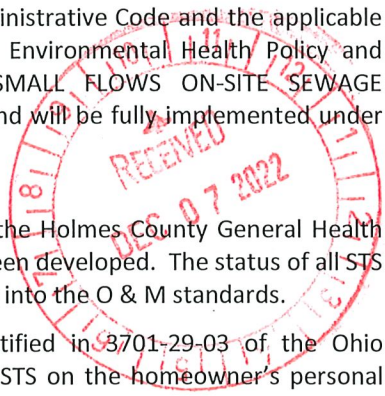
Maintenance, Operation and Monitoring - All STS shall be maintained, operated and monitored per manufacturer and/or Holmes County General Health District instructions and so as to not cause a public health nuisance.

1. Discharging systems shall meet effluent quality standards set forth in 3701-29-14(A) of the Ohio Administrative Code.
2. An operation permit shall require a service contract for any STS subject to a NPDES permit or when required as a condition of a STS component or system approval granted by the director of health.
3. **Operation permits shall be in effect upon board of health approval of the installation, replacement, or alteration of a STS.**
   a. All STS with mechanical components, NPDES, and all discharging STS operation permits shall expire annually following the first 12 months of operation. All STS with mechanical must be pumped and cleaned by a registered septage hauler once every three years.
   b. **All non-mechanical, non-discharging STS (no mechanical components) operation permits shall expire every 5 years following the first 12 months of operation. All non-mechanical, non-discharging STS must be pumped and cleaned by a registered septage hauler once every three years.**
4. **Operation permits shall be renewed upon expiration. All operation permits shall automatically renew provided a written inspection/service report has been submitted to the Holmes County General Health District in the previous operational period and all applicable fees have been paid. The written inspection/service report must be from a registered service provider for all STS subject to an operation permit. The pumping/cleaning report must be submitted by the registered septage hauler as required by criteria specified in OAC 3701-29-20.**

   The board of health may suspend or revoke the operation permit for failure to comply with this rule supplement or any other rule(s) in Chapter 3701-29. Failure to comply with the written inspection/service

report submission by the expiration date will result in staff of the Holmes County General Health District performing a maintenance inspection and applicable fees will be assessed.

5. All operation permit criteria specified in 3701-29-02 of the Ohio Administrative Code and the applicable provisions set forth in the Holmes County General Health District Environmental Health Policy and Procedure - OPERATIONAL PERMITTING AND INSPECTION OF SMALL FLOWS ON-SITE SEWAGE TREATMENT SYSTEMS shall continue to be applied to those SFOSTS and will be fully implemented under its authority.



Pursuant to 3701-29-20 (B) of the Ohio Administrative Code , the Board of Health of the Holmes County General Health District elects to maintain its existing O & M program until new O & M standards have been developed. The status of all STS currently enrolled in the existing O & M program will remain in effect until incorporation into the O & M standards.

All applicable STS may be serviced by: 1) a registered service provider as identified in 3701-29-03 of the Ohio Administrative Code; or 2) a homeowner providing service to the homeowner's own STS on the homeowner's personal property of residence.

I acknowledge that I have read and understand the General Installation Guidelines and the Operation and Maintenance Requirements for the sewage treatment system to be installed to serve the residential dwelling located on property at 2202 TR 670 (PID: 15-00153-004) in Paint Township.

Mervin D. Kline — Date: 12-5-22

Shelia E. Kline — Date: 12-5-22

Example D

THIS IS NOT A STATEMENT

HOLMES COUNTY HEALTH DISTRICT

SEWAGE DISPOSAL SYSTEM INSTALLATION - FINAL INSPECTION REPORT

SEWAGE PERMIT: 6995-22 PARCEL #: 1500153004

YEAR LAST PUMPED:

COMPANY:

CLIENT ID#:

COMMENT: X

EMAIL:

INSTALLATION APPROVED FINAL GRANTED Date 2/21/23 By

PERMIT TO OPERATE A SEWAGE DISPOSAL SYSTEM WITHIN THE HOLMES COUNTY GENERAL HEALTH DISTRICT

OP PERMIT #: 923-23

MERVIN D & SHELIA E KLINE **IS GRANTED THIS**

permit to operate the following sewage disposal system:

PRIMARY TREATMENT *1500 GALLON DUAL COMPARTMENT SEPTIC TANK WITH AN EFFLUENT FILTER INSTALLED IN THE OUTLET BAFFLE*

SECONDARY TREATMENT *4 TRENCHES OF INFILTRATOR QUICK4 LP CHAMBERS @ 150 FT LONG X 24 INCHES WIDE X 24 INCH TRENCH DEPTH*

EFFLUENT TO *DIVERSON SWALE MUST BE INSTALLED UPSLOPE OF THE LEACHING TRENCHES TO DIVER SURFACE WATER FROM INFILTRATING OR PONDING IN, ON OR AROUND THE TRENCHES*

2202 TR 670	DUNDEE	PAINT
PROPERTY ADDRESS:	CITY,ST,ZIP:	TWP/VILLAGE:

Wastewater source:

[X] RESIDENTIAL [X] SINGLE FAMILY [ ] MFG HO [3] # BEDROOMS

[ ] SMALL FLOWS

[X] Permit will continue in effect for as long as the system is properly operating and maintained so that no nuisance results from the system.

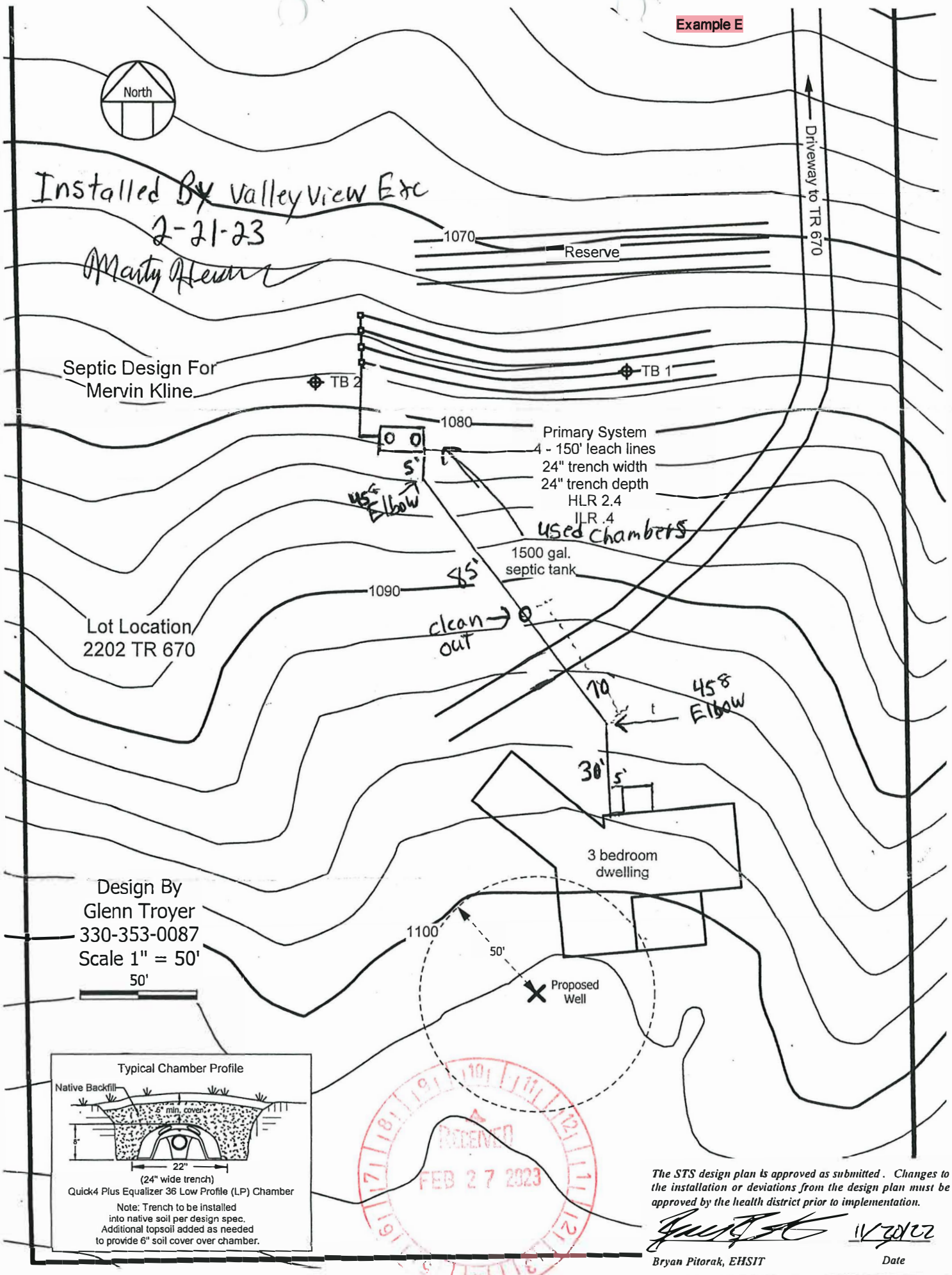
[ ] permit will expire on ***FEBRUARY 2028*** and will need to be renewed prior to this date.

Should the system fail or a public health Nuisance result, the system will need to be replaced with a system that meets current Board of Health requirements.

DATE OP ISSUED: 02/21/2023

Health Commissioner

Example E



The STS design plan is approved as submitted. Changes to the installation or deviations from the design plan must be approved by the health district prior to implementation.

Bryan Pitorak, EHSIT — *Date* 1/27/23

Example F

Final Inspection Checklist

Name_____ Property Address_____

Township_____ Permit No._____ Installer_____

Primary Treatment

Number of Tanks:_____ Dosing ☐ _____gal. ATU ☐ _____gpd

Capacity: _____ ☐ Other: _____

Capacity: _____ Effluent Filter In Place: _____

Y ☐ N ☐ _____

Brand: _____ _____

Secondary Treatment

Drop Boxes ☐ Distribution Box ☐

Brand: Leach line length:_____ft. Brand:

_____ _____

☐ Head of Trench ☐ Observation Ports Installed

☐ Center-fed

☐ **Presby:** ☐ **Other:** _____

1 line in reserve: Y ☐ ☐ High Vent _____

N ☐ ☐ Low Vent _____

_____

☐ Diversion Drain/Swale Installed

Elevations: **Pipe:**

House Connection: _____ Size: _____

Tank Inlet: _____

Tank Outlet: _____ Type: _____

Trench #:	1	2	3	4	5
Trench Head:					
Trench Middle:					
Trench End:					

☐ Electrical hook-up(s) complete ☐ "As Built" Submittal

☐ All pipe connections made ☐ Other:_____

☐ ***Final approval pending completion of items circled above***

☐ ***Final approval at time of inspection***

Inspected by _____ Date _____

Additional Comments on Back

Example G

Final Inspection Checklist End-Fed Leach Lines

Holmes County General Health District

Name_____ Property Address_____

Township_____ Permit No._____ Installer_____

Primary Treatment

Number of Tanks: Dosing ☐ _____gal. ATU ☐ _____gpd

Capacity: _____

Capacity: _____ Effluent Filter In Place: Baffle:

Brand: _____ Y ☐ N ☐ Y ☐ N ☐

Secondary Treatment

Drop Boxes ☐ Brand: _____ **Pipe:** Size _____

Distribution Box ☐ Brand: _____ Type _____

Observation Ports ☐ (Building connection to tank)

1 line in reserve ☐ **Pipe:** Size _____

Diversion Mechanism ☐ Type: _____ Type _____

(Tank to soil absorption)

System Type: ☐ Leach Lines ☐ Presby ☐ Spray ☐ NPDES ☐ Other _____

Notes:

Measurements

House Connection: _____ Length _____

Tank Inlet: _____ Depth _____

Tank Outlet: _____ Width _____

Dbox Inlet: _____

Trench #:	1	2	3	4	5
Trench Beginning:					
Trench Middle:					
Trench End:					

Approval:

☐ Electrical hook-up(s) complete ☐ "As Built" Submittal

☐ All pipe connections made ☐ Other:_____

☐ ***Final approval pending completion of items circled above***

☐ ***Final approval at time of inspection***

Inspected by _____ Date _____

Additional Comments on Back

Example H

Final Inspection Checklist Center-Fed Leach Lines

Holmes County General Health District

Name_____ Property Address_____

Township_____ Permit No._____ Installer_____

Primary Treatment

Number of Tanks: Dosing ☐ _____gal. ATU ☐ _____gpd

Capacity: _____

Capacity: _____ Effluent Filter In Place: Baffle:

Brand: _____ Y ☐ N ☐ Y ☐ N ☐

Secondary Treatment

Drop Boxes ☐ Brand: _____ **Pipe:** Size _____

Distribution Box ☐ Brand: _____ Type _____

Observation Ports ☐ (Building connection to tank)

1 line in reserve ☐ **Pipe:** Size _____

Diversion Mechanism ☐ Type: _____ Type _____

(Tank to soil absorption)

System Type: ☐ Leach Lines ☐ Presby ☐ Spray ☐ NPDES ☐ Other _____

Notes:

Measurements

House Connection: _____ Length _____

Tank Inlet: _____ Depth _____

Tank Outlet: _____ Width _____

Dbox Inlet: _____

4	3	2	1		1	2	3	4
				Beginning				
				Middle				
				End				

L R

Approval: (check if completed)

☐ Electrical hook-up(s) complete ☐ "As Built" Submittal

☐ All pipe connections made ☐ Other:_____

☐ ***Final approval pending completion of items circled above***

☐ ***Final approval at time of inspection***

Inspected by _____ Date _____

Additional Comments on Back

Example I

Final Inspection Checklist Sand-Lined Systems

Holmes County General Health District

Name_____ Property Address_____

Township_____ Permit No._____ Installer_____

Primary Treatment

Number of Tanks: Dosing ☐ _____gal. ATU ☐ _____gpd

Capacity: _____

Capacity: _____ Effluent Filter In Place: Baffle:

Brand: _____ Y ☐ N ☐ Y ☐ N ☐

Secondary Treatment

Drop Boxes ☐ Brand: _____ **Pipe:** Size _____

Distribution Box ☐ Brand: _____ Type _____

Vent(s) ☐ High: ___ Low: ____ (Building connection to tank)

1 line in reserve ☐ **Pipe:** Size _____

Observation Ports ☐ Type _____

(Tank to soil absorption)

System Type: ☐ ATL ☐ Presby ☐ Eljen ☐ Other _____

Sand Mound: Elevated: ____ Submerged: ____ C33 Concrete Sand: ____

Geotextile Layer Present: ____ Diversion Mechanism: _____

Measurements

House Connection: _____ Length _____

Tank Inlet: _____ Depth _____

Tank Outlet: _____ Dbox In: _____ Width _____

Bed Configuration: Basic Serial ____ Center-Fed Bed ____ Multiple _____

3	2	1		1	2	3
			Beginning			
			Middle			
			End			

L R

Approval: (check if completed)

☐ Electrical hook-up(s) complete ☐ "As Built" Submittal

☐ All pipe connections made ☐ Other:_____

☐ ***Final approval pending completion of items circled above***

☐ ***Final approval at time of inspection***

Inspected by _____ Date _____

Additional Comments on Back

Example J

Final Inspection Checklist Spray or NPDES Systems

Holmes County General Health District

Name_____ Property Address_____

Township_____ Permit No._____ Installer_____

Primary Treatment

Number of Tanks: Dosing ☐ _____gal. ATU ☐ _____gpd

Capacity: _____

Capacity: _____ Effluent Filter In Place: Baffle:

Brand: _____ Y ☐ N ☐ Y ☐ N ☐

Secondary Treatment

Drop Boxes ☐ Brand: _____ **Pipe:** Size _____

Distribution Box ☐ Brand: _____ Type _____

Observation Ports ☐ (Building connection to tank)

1 line in reserve ☐ **Pipe:** Size _____

Diversion Mechanism ☐ Type: _____ Type _____

(Tank to soil absorption)

System Type: ☐ Leach Lines ☐ Presby ☐ Spray ☐ NPDES ☐ Other _____

Notes:

Measurements

House Connection: _____ Spray Radius _____

Tank Inlet: _____ Areator _____

Tank Outlet: _____ Ultraviolet bulb _____

Purple Lettering _____

Run Time _____ minutes Vermin proof cap _____

From _____ am to _____am

Vegetation:

no vegetation within a 5' radius _____

no vegetation taller than 5' within a 10' radius _____

Approval: (check if completed)

☐ Electrical hook-up(s) complete ☐ "As Built" Submittal

☐ All pipe connections made ☐ Other:_____

☐ ***Final approval pending completion of items circled above***

☐ ***Final approval at time of inspection***

Inspected by _____ Date _____

Additional Comments on Back

Sewage Treatment Systems Permit to Install or Alter

ADMINISTRATIVE SUMMARY

Permit # 6995-22

Health Department Use Only

Example K

I. Soil Evaluation

Date of Evaluation	Soil Evaluator
8/16/22	Barry Cavanaugh

II. Design

Worksheet Attached ☐ Yes ☐ No

Designed by	Reviewed by	Date Reviewed
Glenn Troyer	Bryan Pitarak	11/20/22
Comments:		

III. On-site Evaluation

Date of Evaluation	Performed by
12/8/22	Bryan Pitarak
Comments:	

IV. Site Review Application

☑ Approved ☐ Disapproved	Date of Approval/Disapproval	Date Site Review Approval Expires
	12/8/22	
Comments (if disapproved)		

V. Inspection(s)

1	☐Rough ☑Final	Date of Inspection 2/21/23	Performed by Bryan Pitarak	Worksheet Attached ☑Yes ☐ No
2	☐Rough ☐Final	Date of Inspection	Performed by	Worksheet Attached ☐ Yes ☐ No
Comments				

VI. Variance(s)

Attach the variance request and the Board of Health decision letter. All variances must comply with the requirements in rule 3701-29-22 of the Administrative Code.

1	☐ Pre-installation ☐ Post installation	OAC Rule(s):	BOH Review Date	Decision ☐ Approved ☐ Denied
2	☐ Pre-installation ☐ Post installation	OAC Rule(s):	BOH Review Date	Decision ☐ Approved ☐ Denied
Comments				

VII. Approval/Disapproval of Installation, Replacement, Alteration, or Abandonment

☑ Approved	Date of Approval 2/27/23	Sanitarian Signature
☐ Disapproved	Date of Disapproval	Sanitarian Signature
Reason for Disapproval		
Enforcement action taken		

VIII 12 Month Inspection

Date of assessment	Performed by	☐ Operating properly ☐ Not operating properly ☐ Creating a Public Health Nuisance
List the conditions and actions taken for systems not operating properly or creating a public health nuisance.		

Example L

Holmes County
General Health District
Prevent. Promote. Protect.

Division of Environmental Health
P.O. Box 272
Millersburg, OH 44654
330-674-8422

12-month STS/SFOSTS follow-up inspection checklist

Edited August 2023

Date of inspection _____ Inspected by _____

Site address _____ Township _____

Permit number _____

Weather conditions _____ Ground conditions _____
clear/rain/cloudy dry/damp/wet

☐ **Septic tank(s)** # of tanks: _____ Capacity: _____

Y	N	na	
☐	☐	☐	Access riser lids are secure, in good condition, and have not been damaged in any way.
☐	☐	☐	Access risers extend above grade
☐	☐	☐	There are signs of surface water infiltration.
☐	☐	☐	Effluent filter is in place.

Notes: _____

☐ **Aerobic treatment unit (ATU)**

Y	N	na	
☐	☐	☐	Access riser lids are secure, in good condition, and have not been damaged in any way.
☐	☐	☐	Access risers extend above grade
☐	☐	☐	Aerator motor is in place and operational
☐	☐	☐	Air flow into the ATU was checked
☐	☐	☐	ATU control panel and alarm are easily accessible in an exterior location and operational

Notes: _____

☐ **Lift station/dosing tank**

Y	N	na	
☐	☐	☐	Access riser lids are secure, in good condition, and have not been damaged in any way.
☐	☐	☐	Access risers extend above grade and there are no signs of surface water infiltration
☐	☐	☐	There are signs of surface water infiltration into the lift station/dosing tank through or under the access risers
☐	☐	☐	Lift station/dosing tank is in good condition with no signs of surface water infiltration
☐	☐	☐	Pump floats are in place
☐	☐	☐	Pump _____ / dosing siphon _____ is operational
☐	☐	☐	Control panel and alarm are easily accessible in an exterior location and operational
☐	☐	☐	Failsafe shut-off mechanisms are in place (if required)

Notes: _____

☐ **Drop boxes or Distribution Box (circle one)**

Y	N	na	
☐	☐	☐	Are accessible, extend above grade, and have not been damaged
☐	☐	☐	Lids are secured and in good condition
☐	☐	☐	Are structurally sound and water-tight to prevent infiltration of surface and/or ground water
☐	☐	☐	The ground surface is graded to prevent the infiltration of surface water into the drop boxes and between the trenches
☐	☐	☐	A flow diversion mechanism is in place to permit resting of at least 25% of the leachfield
☐	☐	☐	Used as a means to observe effluent levels in the trenches. flooded _____ not flooded _____

Notes: _____

☐ **Observation ports**

Y	N	na

Present as part of the system design.
Used as a means to observe effluent levels in the trenches. flooded _____ not flooded _____

Notes: _____

☐ **Alternative effluent distribution device (i.e. multi-zone valves, etc)**

Y	N	na

Containment for the unit is accessible, extends above grade, and has not been damaged
Lids are secured and in good condition
Containment for the unit is structurally sound and water-tight to prevent infiltration of surface and/or ground water
The ground surface is graded to prevent the infiltration of surface water into the drop boxes and between the trenches
Device appears to be properly operating

Notes: _____

☐ **Leaching trenches**

Y	N	na

The area is properly graded and discourages the ponding of surface water
The area is free from traffic and other forms of disturbance that may affect the function of the trenches
The area is being maintained and vegetative cover is in place
The area is free from erosion and settling
The area shows obvious signs of failure (i.e ponding of effluent; dense growth of vegative cover; etc.)

Notes: _____
_____

☐ **Spray irrigation**

Y	N	na

All sprinkler heads have purple marking to indicate that non-potable reclaimed water is being used.
All sprinkler heads are in good condition with no visible signs of deterioration.
There is vegetation exceeding 10 feet in height within 10 feet of spray heads. If "yes", the vegetation must be removed.
There is woody vegetation within 5 feet of spray heads. If "yes" the woody vegetation must be removed.
The area is properly graded and free from erosion and settling.
The area is being maintained and vegetative cover is in place

Notes: _____
_____

☐ **Sand lined systems:_____ or sand mound**

Y	N	na

The area where the system may be located is properly graded
High and/or low vents are present.
The area is free from traffic and other forms of disturbance that may affect the function of the sand system
The area is being maintained and vegatative cover is in place.
The area is free from erosion and settling
Obvious signs of failure (no evidence of seepage on the sides or toes of the sand mound)
The system appears to be functioning properly. A nuisance condition did not exist.

Notes: _____
_____

☐ **Interceptor Drain**

Y	N	na

Is the interceptor drain outlet pipe accessable and in good condition
Does the outlet pipe have a rodent guard attached

Notes: _____
_____

Thank you for allowing us to inspect your septic system. This inspection was included with the original permit. There is no additional cost at this time. If you have any questions, please feel free to contact the Environmental Health Division of Holmes County General Health District at (330) 674-8422. Have a great day!

Example M

Holmes County
General Health District
Prevent. Promote. Protect.

Division of Environmental Health
P.O. Box 272
Millersburg, OH 44654
330-674-8422

Operation and Maintenance Inspection Check-list

Date of inspection _____ Inspected by Lynnsey Winchell, Environmental Health Tech

Site address _____ Township _____

Permit number _____

Weather conditions _____ Ground conditions _____

clear/rain/cloudy dry/damp/wet

☐ **Septic tank(s)** # of tanks: _____ Capacity: _____

Y	N	na	
			Access riser lids are secure, in good condition, and have not been damaged in any way.
			Access risers extend above grade
			There are signs of surface water infiltration.
			Baffle(s) are in place and in good condition
			Effluent filter is in place.
			Tank contents were observed
			Recommend pumping speitc tank(s)

Notes: _____

_____

☐ **Aerobic treatment unit (ATU)**

Y	N	na	
			Access riser lids are secure, in good condition, and have not been damaged in any way.
			Access risers extend above grade
			There are signs of surface water infiltration.
			Aerator motor is in place and operational
			Air flow into the ATU was checked
			ATU control panel and alarm are easily accessible in an exterior location and operational
			Tank contents were observed
			Recommend pumping speitc tank(s)

Notes: _____

_____

☐ **Lift station/dosing tank**

Y	N	na	
			Access riser lids are secure, in good condition, and have not been damaged in any way.
			Access risers extend above grade and there are no signs of surface water infiltration
			There are signs of surface water infiltration into the lift station/dosing tank through or under the access risers
			Lift station/dosing tank is in good condition with no signs of surface water infiltration
			Pump floats are in place
			Pump or dosing siphon is operational
			Control panel and alarm are easily accessible and operational
			Failsafe shut-off mechanisms are in place (if required)

Notes: _____

_____

☐ **Drop or Distribution Boxes**

Y	N	na	
			Are accessible, extend above grade, and have not been damaged
			Lids are secured and in good condition
			Are structurally sound and water-tight to prevent infiltration of surface and/or ground water
			The ground surface is graded to prevent the infiltration of surface water into the drop boxes and between the trenches
			A flow diversion mechanism is in place to permit resting of at least 25% of the leachfield
			Effluent is at the appropriate level in the box flooded _____ not flooded X
			Effluent is appropriate color and odor

Notes: _____

☐ **Surface Filter or Automatic Backwash Filter**

Y	N	na	
			There is good intergrity of the tank and side walls
			Top covers are in good condition
			Filter media is in good condition, with minimal biomat film present
			Filters and pumps are in good operation
			Effluent is clear

Notes: _____

☐ **Subsurface Filter or Leaching Trenches**

Y	N	na	
			The area is properly graded and discourages the ponding of surface water
			The area is free from traffic and other forms of disturbance that may affect the function of the trenches
			The area is being maintained and vegetative cover is in place
			The area is free from erosion and settling
			The area shows obvious signs of failure (i.e ponding of effluent; dense growth of vegative cover; etc.)

Notes: _____

☐ **Miscellaneous**

Y	N	na	
			The area where the system may be located is properly graded
			High and/or low vents are present.
			The area is free from traffic and other forms of disturbance that may affect the function of the sand system
			The area is being maintained and vegatative cover is in place.
			The area is free from erosion and settling
			Obvious signs of failure (no evidence of seepage on the sides or toes of the sand mound)
			The system appears to be functioning properly. A nuisance condition did not exist.

Notes: _____

☐ **Discharge Point**

Y	N	na	
			The drain pipe is accessible and in good condition
			A animal guard is placed on the outlet pipe
			Vegitation or biomat is located on the discharge pipe
			Effluent is clear and odorless
			Signs the system is in failure and is in nuisance condition

Notes: _____

Thank you for allowing us to inspect your septic system. The inspection is included with your yearly O&M permit.

Please let us know if you have any questions. Contact the Environmental Health Division of Holmes County General Health District at (330) 674-8422. Have a great day!

Example N

Holmes County
General Health District
Prevent. Promote. Protect.

Division of Environmental Health
P.O. Box 272
Millersburg, OH 44654
330-674-8422

Small Flows ___ or **HB110** ___

Date of inspection _____ Inspected by _____

Facility Name: _____

Site address _____ Township _____

Weather conditions _____ Ground conditions _____
clear/rain/cloudy dry/damp/wet

☐ Septic tank(s) ☐ Privy # of tanks: _____ Capacity: _____

Capacity: _____

Y	N	na	
			Effluent filter is in place
			Baffle(s) is in place and in fair condition
			Access riser lids are secure and in good condition
			Access risers extend above grade
			There is no sign of surface water infiltration into the septic tank through or under the access risers
			Tank / Privy contents were observed
			Recommend pumping of the tanks(s) / Privy(s)
			Tank(s) / Privy(s) appear to be in good structural condition

Notes: _____

☐ Aerobic treatment unit (ATU)

Y	N	na	
			Access riser lids are secure and in good condition
			Access risers extend above grade
			There is no sign of surface water infiltration into the ATU through or under the access risers
			Aerator motor is in place
			Aerator motor was operating
			Aspirator shaft and aspirator were in good condition
			Air flow through the aerator motor was checked
			ATU control panel was checked (lights off, good condition, accessible, etc.)
			Tank contents were observed
			Recommend pumping of the tanks(s)

Notes: _____

☐ Lift station/dosing tank

Y	N	na	
			Access riser lids are secure and in good condition
			Access risers extend above grade and there are no signs of surface water infiltration
			There is no sign of surface water infiltration into the lift station/dosing tank through or under the access risers
			Lift station/dosing tank is in good condition with no signs of surface water infiltration
			Pump floats are in place
			Pump is operational
			High water alarm is present and operational

Notes: _____

☐ Distribution Box or Drop Boxes

Y	N	na	
			The distribution box or drop boxes is (are) accessible
			The distribution box or drop box lids is (are) secure and in good condition
			The distribution box or drop box risers extend above grade
			The distribution box or drop box risers are in good condition
			There is no sign of surface water infiltration into the distribution box or drop boxes
			Flow diversion mechanism is in place
			Effluent is at the appropriate level in the box(es)
			The odor and color of the effluent is normal

Notes: _____

_____

☐ Surface sand filter/Upflow filter

Y	N	na	
			Filter box and internal components are in good condition
			Grates are in place and in good condition
			Filter sand is clean and in good condition
			Upflow pump is in place and operational

Notes: _____

_____

☐ Subsurface filter area

Y	N	na	
			The area is properly graded (discourages the ponding of surface water)
			The area is free from traffic and other forms of disturbance that may affect the function of the filters
			The area is being maintained and vegatative cover is in place

Notes: _____

_____

☐ Point of discharge

Y	N	na	
			Point of discharge is accessible
			Outlet is free flowing (i.e. not covered)
			Point of discharge (roadside ditch, swale, stream) is free flowing
			Animal guard is present
			Effluent was being discharged at the time of the inspection
			Effluent was clear and odorless
			Sample of the effluent was collected

Notes: _____

_____

☐ Miscellaneous sewage treatment systems: _____

Y	N	na	
			The area where the system may be located is properly graded (discourages the ponding of surface water).
			The area is free from traffic and other forms of disturbance that may affect the function of the system.
			The area is being maintained and vegatative cover is in place.
			The system appears to be functioning properly. A nuisance condition did not exist.

Notes: _____

_____

Holmes County
General Health District

Example O

Inspector:
Date:
Phone: (330) 674-8422

Holmes County General Health District

Real Estate Inspection

Inspections: **HSTS Inspection** ☐ **PWS Inspection** ☐

Address Evaluated: _____

_____

Township: _____

Requester's Info:

Name: _____

Number: _____

Email: _____

Property Records:	
	Well:
	Septic:

85 N. Grant Street, Suite B
Millersburg, OH 44654

Inspector:
Date:
Phone: (330) 674-8422

Septic:

Bedrooms: ____ Daily Design Flow: _____ gpd

Run Time: _____minutes

Tank Quality: _____

_____

Risers to grade: Yes or No

Baffles: Yes or No

Effluent filter/Outlet T: Yes or No

Dye Tested: Yes or No

Dye(s) placement: _____

Discharging:

Effluent quality: Clear Cloudy Black Other _____

Odor: Yes or No

Sample Taken: Yes or No

Ponding: _____

Notes: _____

_____

_____

_____

_____

_____

85 N. GRANT STREET, SUITE B
MILLERSBURG, OH 44654

Inspector:
Date:
Phone: (330) 674-8422

Well:

Initial Flow Rate: _____ gpm End Flow Rate: _____ gpm

Vermin proof cap: Yes or No

Casing type: Steel Plastic Other_____

Continuous disinfection: Yes or No

Type: UV Chlorine Other_____

Pump:

Submersible Jet (Manufacture): _____

Pressure Tank Condition: _____

_____

Water Sample Location:	
type: Grab Repeat Wastewater Other _____	
Results:	Acceptable or unacceptable:

Notes: _____

_____

_____

_____

_____

_____

85 N. GRANT STREET, SUITE B
MILLERSBURG, OH 44654

Example P

AUDIT #	PERMIT#	NAME	PROPERTY ADDRESS	CITY, ST, ZIP	TWP/VILLAGE	DATE ISSUED	HSTS/SFOSTS	TYPE	CODE	DESC	GPD	DE	COST	ST FEE	INSTALLER
141946	7208-24	CHAD CLARK	6804 TR 310	MILLERSBURG, OH 44654	HARDY	1/5/2024	H	N	1	0	360	0	18000	74	ADVANCED SEPTIC SOLUTIONS
141947	7209-24	LISA LAWHEAD	4881 CR 400	MILLERSBURG, OH 44654	MONROE	1/8/2024	H	N	1	0	240	0	10000	74	I & M EXCAVATING
141948	7210-24	SUSAN & LEON MILLER	____ TR 124	MILLERSBURG, OH 44654	MECHANIC	1/10/2024	H	N	1	0	240	0	10000	74	NR EXCAVATING
141949	7211-24	ARLIN JAY & BRENDA RAE	6832 TR 672	MILLERSBURG, OH 44654	PAINT	1/17/2024	H	N	1	0	360	0	8000	74	VALLEYVIEW EXCAVATING
141950	7212-24	ROY & MAE MAST	7995 TR 562	HOLMESVILLE, OH 44633	PRAIRIE	1/18/2024	H	A	1	0	360	0		35	MAST EXCAVATING
148401	7213-24	ROY & MAE MAST	7995 TR 562	HOLMESVILLE, OH 44633	PRAIRIE	1/18/2024	H	AB	5	0	0	0	0	0	MAST EXCAVATING
148402	7214-24	MARTY & MARY ELLEN BE	6192 LEGACY RIDGE DR	MILLERSBURG, OH 44654	BERLIN	1/26/2024	H	N	1	0	360	0		74	MAST EXCAVATING
148403	7215-24	ELSIE YODER	4880 TR 367	MILLERSBURG, OH 44654	BERLIN	1/31/2024	H	N	1	0	240	0	12000	74	L MILLER EXCAVATING
148404	7216-24	JEREMY & REGINA TROYE	3518 TR 166	SUGARCREEK, OH 44681	CLARK	2/1/2024	H	N	1	0	360	0	16000	74	MILLER BACKHOE SERVICE
148405	7217-24	GALATION LAND INVESTM	4170 SR 83	MILLERSBURG, OH 44654	HARDY	2/1/2024	H	AB	5	0	0	0	0	0	UHL SEPTIC
148406	7218-24	HOLMES SIDING CONTRA	6783 CR 624	MILLERSBURG, OH 44654	HARDY	2/5/2024	H	AB	5	0	0	0	0	0	UHL SEPTIC
148407	7219-24	MYRON & ROSEMARY YO	3140 CR 168	MILLERSBURG, OH 44654	WALNUT CREEK	2/7/2024	H	N	1	0	480	0	11000	74	FOREST EXCAVATING
148408	7220-24	DAWN SPEEGLE	____ TR 132	MILLERSBURG, OH 44654	MECHANIC	2/8/2024	H	N	1	0	360	0		74	MAST EXCAVATING
148409	7221-24	CHRISTOPHER MATHIAS	1618 TR 661	DUNDEE, OH 44624	PAINT	2/23/2024	H	AB	5	0	0	0	0	0	TDT
148410	7222-24	SPECIAL HEARTS DAYCAR	2629 TR 190	BALTIC, OH 43804	CLARK	2/27/2024	SF	N	1	0	995	0	20000	74	FOREST EXCAVATING
148411	7223-24	SAMUEL HOSTETLER	CR 70	SUGARCREEK, OH 44681	CLARK	3/18/2024	H	N	1	0	240	0	7000	74	HOME IMPROVEMENTS
148412	7224-24	BRYAN & SONYA LYDIC	5377 TR 258	MILLERSBURG, OH 44654	MONROE	3/20/2024	H	N	1	0	240	0	9000	74	ALVIN COBLENTZ EXCAVATING
148413	7225-24	ROBERT & BETTY BARKM	4831 CR 19	MILLERSBURG, OH 44654	CLARK	3/29/2024	H	N	1	0	360	0	16000	74	SCHLABACH EXCAVATING
148414	7226-24	ROBERT & RHODA KEIM	12685 TR 502	BIG PRAIRIE, OH 44611	RIPLEY	3/29/2024	H	N	1	0	240	0	16000	74	GRASSBAUGH LLC
148415	7227-24	RUTH TROYER	8705 TR 609	FREDERICKSBURG, OH 44627	SALT CREEK	3/29/2024	H	N	1	0	240	0	9500	74	RABER EXCAVATING
148416	7228-24	MATTHEW MORRIS	2752 SR 83	MILLERSBURG, OH 44654	MECHANIC	4/5/2024	H	N	1	0	360	0	12000	74	I & M EXCAVATING
148417	7229-24	MATTHEW MORRIS	2752 SR 83	MILLERSBURG, OH 44654	MECHANIC	4/5/2024	H	AB	5	0	0	0	0	0	I & M EXCAVATING
148418	7230-24	KAITLYN KAUFFMAN	5974 TR 363	MILLERSBURG, OH 44654	BERLIN	4/5/2024	H	N	1	0	360	0	16000	74	NR EXCAVATING
148419	7231-24	ARROWPOINT CAMPGRO	6270 TR 208	LOUDONVILLE, OH 44842	KNOX	4/11/2024		AB	5	0	0	0	0	0	JOE HEDRICK
148420	7232-24	AMY HOLDINGS LLC	5196 SR 557	MILLERSBURG, OH 44654	BERLIN	4/15/2024	H	N	1	0	240	0	12000	74	NR EXCAVATING
148421	7233-24	KEVIN & KIRSTEN BEACHY	____ CR 160	DUNDEE, OH 44624	PAINT	4/16/2024	H	N	1	0	360	0		74	RABER EXCAVATING
148422	7234-24	VERNON & ERMA RABER	2394 TR 152	BALTIC, OH 43804	MECHANIC	4/16/2024	H	R	1	0	360	0		74	L MILLER EXCAVATING
148423	7235-24	DAVID & ELSIE MILLER	5232 SR 515	MILLERSBURG, OH 44654	WALNUT CREEK	4/16/2024	H	R	1	0	360	0	21000	74	YODER EXCAVATING LLC
148424	7236-24	DAVID & ELSIE MILLER	5232 SR 515	MILLERSBURG, OH 44654	WALNUT CREEK	4/16/2024	H	AB	5	0	0	0	0	0	YODER EXCAVATING LLC
148425	7237-24	MARION MILLER	BUCKHORN LOTS 1220-1222	MILLERSBURG, OH 44654	MECHANIC	4/19/2024	H	N	1	0	360	0	16000	74	J MILLER & SON EXCAVATING
AUDIT #	PERMIT#	NAME	PROPERTY ADDRESS	CITY, ST, ZIP	TWP/VILLAGE	DATE ISSUED	HSTS/SFOSTS	TYPE	CODE	DESC	GPD	DE	COST	ST FEE	INSTALLER

Example Q

OHIO DEPARTMENT OF HEALTH

PERMIT FEE TRANSMITTAL FOR 2024 SEWAGE TREATMENT SYSTEMS

Ohio Revised Code 3718.06 (B) And Ohio Administrative Code 3701-29-05 (C) (3)

OAC Rule 3701-29-05
(C) A portion of each permit fee for the installation of a new or replacement HSTS, SFOSTS, or GWRS and/or for the alteration of an existing HSTS, SFOSTS, or GWRS shall be collected by a board of health and shall be transmitted to the director for deposit into the general operations fund created pursuant to section 3701.83 of the Revised Code to pay the costs of administering and enforcing this chapter and Chapter 3718. of the Revised Code as provided in division (B) of section 3718.06 of the Revised Code. A board of health shall collect this fee at the same time that it collects the fee established under paragraph (A) of this rule and as set forth below:

(3) Beginning January 1, 2017, seventy-four dollars of each permit fee for the installation of a new or replacement HSTS, SFOSTS, or Type 2, 3 or 4 GWRS and thirty-five dollars of each fee for the alteration of an existing HSTS, SFOSTS, or Type 2, 3 or 4 GWRS collected by a board of health shall be transmitted by the board of health to the director for deposit into the general operations fund.

Health District Name: Holmes County Health District

Number	*Amount*		*Type*
15	X $ 74.00	$ 1,110.00	New Installation Permits
3	X $ 74.00	$ 222.00	Replacement Installation Permits
2	X $ 35.00	$ 70.00	Alteration Permits
		$ 1,402.00	Total state amount of permit fee accompanying this report

This is to certify that the sewage treatment systems listed on the attached permit report and summarized above have been issued in accordance with OAC 3701-29-05 and that permits were issued.

Date From: 05/01/2024 Date To: 05/31/2024

Signature of Health Commissioner Date 06/07/2024

Return this front page and a check payable to the:

TREASURER, STATE OF OHIO
OHIO DEPARTMENT OF HEALTH
ACCOUNTS RECEIVABLE UNIT
P.O. BOX 15278
COLUMBUS, OH 43215

Email this transmittal with the Permit Report, Operations Permits and 12 Month Inspection Report to

BEH@odh.ohio.gov