



# Richland Public Health

555 Lexington Ave., Mansfield, OH 44907  
419-774-4500 • www.richlandhealth.org

## Sewage Treatment System Application

Payment for site evaluation and design review are due at time of application. System design must include specifications based on the OAC 3701-29-10 (C). A site evaluation will be conducted after application and system design are submitted. Richland Public Health will contact the homeowner or person of contact concerning the system when the system design is approved to obtain and pay for the permit to install. See the attached fee schedule for 2016.

### Homeowner Contact Information:

Name _____	Phone _____
Current Mailing Address _____	
City _____	State _____ Email _____

### Proposed System Information:

Street Address _____	City _____
Contact Name (if different than homeowner) _____	
Parcel Number _____	Township _____ Size (acres) _____
<b>Type of Sewage System:</b>	
<input type="checkbox"/> HSTS <input type="checkbox"/> SFOSTS <input type="checkbox"/> NPDES	
<b>Type of Construction:</b>	
<input type="checkbox"/> New Construction <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration	
<b>Type of Water System:</b>	
<input type="checkbox"/> Municipal/Rural Water <input type="checkbox"/> Existing Private System (well/cistern) <input type="checkbox"/> New Private System*	
<small>*For new private water system, a permit needs to be obtained from RPH</small>	
Compass Direction/distance from nearest intersection or roadway: _____ _____	

Signature: \_\_\_\_\_

.....  
FOR OFFICE USE ONLY

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

Prevent. Promote. Protect.