

Fayette County Health Department
317 S. Fayette Street
Washington C.H., Ohio 43160
Phone: 740 333-3590

Permit Number _____
Fees: New Installation \$50
Alteration \$25
Date Issued _____

Application for Permit to Install and Operate a Private Sewage System

<input type="checkbox"/> New Installation	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Alteration	<input type="checkbox"/> Other (specify) _____ Lot Size _____

Address of Lot/City _____ Township _____

Owner's Name _____ Phone _____

Address _____

Name of Applicant (if not owner) _____

Applicant Address (if not owner) _____

System Installer _____

Notice to Applicant:

I agree to comply with applicable rules and laws regarding the installation and operation of private sewage systems in Fayette County. I understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the above property for the purpose of inspecting the private sewage system. These inspections may be completed at any reasonable time prior to, during and after completion of the work specified in this permit for the purpose of determining compliance with applicable rules. I agree to notify the Fayette County Health Department (740 333-3590) to arrange for a final inspection of the sewage system as required in the rules. This permit will expire one calendar year from date of issuance. If the system is not installed and inspected prior to expiration a new permit must be obtained.

Applicant Signature _____ Date _____

System Requirements

Size to be determined at plan review

Septic Tank Size (gallons capacity)

- 1500
- 2000
- 2500
- other _____

Off-Lot Discharge Requirements

- Class I Aeration
- Chlorinating required
- 8" inspection/sampling well
- Other

Lineal feet of leaching tile field

- 600 1500
- 900 1800
- 1200 other
- Perimeter Drain
- 8" inspection/sampling well for perimeter drain

Site Plan Drawing on back of this form

Permit Approved Disapproved by _____ Date _____

Final Approved Disapproved by _____ Date _____