

Shelby City Health Department Sewage Treatment System Abandonment Application and Permit

Homeowner		Mailing Address	
City	State	Zip	Phone No.
Location of Property		Parcel #	Acreage
Street Address of Property		City	Zip
Person or registered installer performing abandonment		Registration No.	Phone No.

Check All That Apply

<p>Component to be Abandoned</p> <p><input type="checkbox"/> Septic Tank</p> <p><input type="checkbox"/> Dosing tank</p> <p><input type="checkbox"/> Pretreatment component</p> <p><input type="checkbox"/> Leaching well</p> <p><input type="checkbox"/> cesspool</p> <p><input type="checkbox"/> Leaching well</p> <p><input type="checkbox"/> Other _____</p>	<p>Reason for Abandonment</p> <p><input type="checkbox"/> Connection to sanitary sewer</p> <p><input type="checkbox"/> System replacement</p> <p><input type="checkbox"/> Existence of a physical hazard or public health nuisance</p> <p><input type="checkbox"/> Change in the use of the lot</p> <p><input type="checkbox"/> Ordered by the board of health</p> <p><input type="checkbox"/> Other _____</p>
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Method of Abandonment

Top completely removed or collapsed and at least side collapsed to prevent containment of water. Void filled to ground surface with inert and nonhazardous material such as gravel or other coarse aggregate, or soil in the amount and manner that compensate for settling and prevents ponding of surface water.

Fill with compacted inert material of sufficient strength and volume to prevent settling, collection of water, and/or collapse. All access points to the abandoned tank or component must be permanently secured or sealed.

I hereby apply for a STS permit with the Shelby City Health Department (SCHD) to abandon a sewage treatment system (STS) within the City of Shelby, Ohio. I understand that this permit expires in 12 months unless an extension is requested and granted.

I agree to have the contents of the tank and/or other components completely pumped and removed by a registered septage hauler. Motors and/or other solid material will either be 1) taken to an approved solid waste disposal site, 2) otherwise legally disposed, or 3) reused in a manner that prevents a public health nuisance and contamination of surface or ground water.

I agree to comply with the State STS Rules and Law (OAC 3701-29 and ORC 3718) and Board of Health orders. I agree to submit complete and accurate records as may be required including the Ohio Department of Health's Sewage Treatment System Abandonment Report.

I hereby certify that I am the owner or authorized representative contractor.

Signature _____ Date _____

Print Name _____ Owner or Contractor _____

=====Do Not Write Below This Line=====

Date permit expires	6 Month extension grated by	Permit Revoked. See Comments
Variance requested ___ Yes ___ No	Approved ___ Yes ___ No	Date

State Fee:	Local Fee:	Total Fee:	Permit #
Approved By:		Date Received	Date Approved