

*Darke County General Health District*

*C. L. Holman, DVM, RS, Health Commissioner*



*Contributing to a Stronger  
Healthier Community*

TO: SCAVENGERS  
FROM: TERRENCE L. HOLMAN, DVM, RS, HEALTH COMMISSIONER  
DATE: NOVEMBER 27, 2019  
SUBJECT: SCAVENGER REGISTRATION FOR 2020

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On December 31, 2019, the registration that you hold to clean septic tanks, holding tanks, privies, and grease traps will expire. A new registration must be obtained before operation in 2020.

The registration fee is one hundred seventy-five **(\$175.00 for one truck)** and ten dollars **(\$12.00)** for each **additional truck** for the calendar year or any part thereof. Make checks payable to the Darke County Health Department.

**A STATEWIDE BOND IS REQUIRED IN ORDER TO REGISTER IN DARKE COUNTY.**

You may submit your application by mail or in person. Incomplete applications will not be accepted. You must *sign* the application, include a copy of the bond that you submitted to the Ohio Department of Health, proof of completion of 6 continuing education hours during the previous calendar year, a Certificate of Liability Insurance of no less than \$500,000 general liability insurance coverage made out to Darke County Health Dept., 300 Garst Ave, Greenville, OH 45331, and include *the fee in one envelope.* We do not want these items submitted separately nor will they be accepted separately.

**The applicant shall make arrangements for his equipment (trucks, hoses, etc.) to be inspected, if not inspected by another Health District.** Permits for each hauling vehicle shall not be issued until the equipment inspection is complete or documentation showing a satisfactory inspection by another Health District is submitted. Please call for an appointment prior to coming to this office for an equipment inspection. If you do not have an appointment, you may not get an inspection.

(over)

## **FEE SCHEDULE:**

Enclosed is the proposed fee schedule for 2020. There will be a hearing held on December 10, 2019 at 9:00 AM to discuss the proposed fee changes. This hearing will occur at the regularly scheduled Board of Health Meeting located at the Health Department, 300 Garst Ave, Greenville, OH.

You are welcome to attend the hearing or you may submit your comments in writing to the Board of Health and they will be reviewed at the meeting.

As per the Ohio Revised Code, the fees charged cannot exceed the costs to implement the program.

**\*REMEMBER when pumping a septic tank, pump all compartments. If a compartment is not accessible, inform the owner that the entire tank is not being pumped.**

## **RULE INFORMATION:**

The sewage rules are available on the Ohio Department of Health's website. Go to [www.odh.ohio.gov](http://www.odh.ohio.gov), click on rules final, click on 3701-29 Household Sewage Treatment Systems to view the rules.

You may also visit the Health Department on Facebook or Twitter for event updates.

If you have any questions, please feel free to call the Health Dept. at 937-548-4196 ext. 209.

**We will be accessing the re-inspection fee of \$60 to homeowners when we have to visit their property multiple times. If you are also a registered service provider, please be sure all the required updates are made to the system before we re-inspect it.**

Please list all methods of disposal, dumping sites, by name and location and equipment to be used in the business. Each disposal site within Darke County is required by OAC 3701-29-20(E) to have a septage land application site permit issued by the Darke County General Health District. The septage land application site permit fee is \$75.00 per site. Enclosed is the septage land application site evaluation application. This application must be completed and submitted along with the fee and any supporting documentation for each site to be evaluated.

Once all documentation is submitted, the Health Department will conduct a site visit to determine compliance. If the site visit is satisfactory then a permit shall be issued for the site. The septage land application site permit is valid for one year. Each disposal site must be approved (permitted) by the Darke County General Health District prior to any dumping at the site.

**If you have a disposal site located outside of Darke County, include a letter of approval or copy of the permit from the regulatory authority for these sites.**

**NOTICE TO LAND APPLICATORS:** The soil needs to be tested & results sent to us for phosphorus & nitrogen every 2 years. See attachment 5 for all requirements you must meet. The soil test results must be turned in prior to the land site visit this year for approval of the site. You also need to identify how you are reducing pathogens during application.

**\*Also, enclosed is a form you will need to complete monthly and submit to the health department for those homes you pump in Darke County as is required by Ohio Administrative Code Section 3701-29-03(J).**

Portable toilets must meet Health Department standards. The Health Department may require submission or review of pumping and land application records as required by 40 CFR Part 503.

THIS IS A NON-TRANSFERABLE, NON-REFUNDABLE REGISTRATION.

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**Please note there are registration requirements for Service Providers. If you are interested in Registering as a Service Provider, these applications are available at the Health Department also.**

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Each year we compile a list of scavengers registered in Darke County. This list is then given, upon request, to any person requiring this service. If you desire to have your name appear on this list, please be sure you register prior to February 1, 2020.

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# Darke County General Health District

*E. L. Holman, DVM, R.S., Health Commissioner*



*Contributing to a Stronger  
Healthier Community*

## SEPTIC HAULER CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:

- \_\_\_\_\_ Completed, signed, dated application.
- \_\_\_\_\_ Fee of \$175.00, plus \$12 for each additional truck (if you have more than 1 truck).
- \_\_\_\_\_ **Copy** of your septic installer bond with Power of Attorney page attached. (The original bond must be sent to the Ohio Dept. Of Health along with the contact information form) Make sure you **sign your bond** where indicated on the bond.
- \_\_\_\_\_ Certificate of Liability Insurance made out to Darke Co. Health Dept., 300 Garst Ave, Greenville, OH 45331 (must be at least \$500,000 liability coverage.)
- \_\_\_\_\_ Proof of passing the septic exam, if your first time to register in Darke Co.
- \_\_\_\_\_ Proof of 6 hours of continuing education credits taken in 2019.
- \_\_\_\_\_ Proof of your recent truck(s) inspection(s) done by another health department or you must schedule your truck inspection(s) with us in order to register. All trucks listed on the application must be inspected.
- \_\_\_\_\_ Soil test results - if land applying.
- \_\_\_\_\_ Letter of Approval or Copy of the permit from the regulatory authority for disposal sites located outside of Darke County.

If any of the above items is missing, your application will be rejected and returned to you.

**APPLICATION FOR REGISTRATION TO HAUL SEPTAGE WITHIN  
DARKE COUNTY FOR THE YEAR 2020**

**DARKE COUNTY GENERAL HEALTH DISTRICT  
300 GARST AVE  
GREENVILLE, OH 45331  
Phone: 1-937-548-4196 Fax: 1-937-548-9654**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_ Business ID #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Land Application Site: \_\_\_\_\_  
 Sewage Treatment Plant Location: \_\_\_\_\_  
 Bond Company: \_\_\_\_\_ Bond Expiration Date: \_\_\_\_\_

**REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR**

Registrant, hereby, applies for a permit to engage in the collection and removal for remuneration, the contents of privies, portable toilets, vaults, and/or sewage tanks in the Darke County General Health District. Registrant agrees to comply with the rules and regulations of the Darke County Board of Health and the State of Ohio in the disposal of the contents of privies, portable toilets, vaults, and /or sewage tanks into a sanitary sewage system, by proper burial or by other method approved by the Health Commissioner. Registrant agrees to submit records of pumping and septic waste disposal to the Health District and to transmit the contents of the privies, vaults, portable toilets, and/or sewage tanks to the place of disposal in liquid tight containers, or tanks, without spillage. Registrant agrees to maintain the required state bond and general liability coverage. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the sewage rules, OAC 3701-29. Registrant certifies they are in compliance with testing provisions and continuing education requirements of OAC 3701-29-03. Registrant understands that the board of health may revoke or suspend a registration when the registrant fails to timely correct violations in compliance with the rules as in accordance with section 3718.08 of the Ohio Revised Code.

Year	Make	Body	License	ID	Capacity	Vehicle Permit Fee
Total Vehicle Permits:						
Company Registration Fee:						175.00
Total Fee:						175.00

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
 (SIGNATURE)

(Office Use Only)

YEAR 2020       Registration Approved: \_\_\_\_\_       Registration Denied: \_\_\_\_\_       Insurance

Test Date:   /  /        Test Score: \_\_\_\_\_       CEUs Attached       Bond Attached

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_



## SEPTAGE LAND APPLICATION SITE PERMIT APPLICATION

**2020 Fee: \$75.00- Non Refundable**

*This application is only for domestic sewage and not other waste materials such as industrial/commercial septage or solid waste. An approved land application site permit issued by the Board of Health shall be valid for one year from date of issuance.*

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Site Information

If the applicant is not the owner of the proposed site, the owner of the site must complete the attached affidavit.

Landowner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Site Address: \_\_\_\_\_

Directions: \_\_\_\_\_

Township of site: \_\_\_\_\_ Total Acreage of site: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Latitude of Site: \_\_\_\_\_ Longitude of site: \_\_\_\_\_

Township # \_\_\_\_\_ Range# \_\_\_\_\_ Section# \_\_\_\_\_

Acreage of application area: \_\_\_\_\_ (The area where septage may be applied according to the minimum horizontal isolation distances found in Ohio Administrative Code Section 3701-29-20(E)(2).

Describe the source of the septage (i.e. residences, portable toilets, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Describe the method of land application that will be used.

\_\_\_\_\_

**Prior to the evaluation of your site, the following must be done:**



- A) Submit the site evaluation application and fee for site approval (*this form*)
- B) Submit affidavit(s) signed by the landowner and notarized, if applicable. (see Page 4)
- C) Submit a map or drawing that includes the following information:
- 1) Property boundaries for the site
  - 2) Adjacent property boundaries
  - 3) Adjacent land uses
  - 4) Drainage tiles (including private owned field tile), ditches, storm sewer systems, streams or other drainage conveyances.
  - 5) Location of well and other wells located within 50ft of lot
  - 6) Vegetation present
  - 7) Approximate slope and contour information (may be on soil report)
  - 8) North orientation arrow
  - 9) Any structure located on the property (i.e. houses, barns etc)
  - 10) Waterways, streams, ponds, rivers, etc.
  - 11) Scale (i.e. 1 inch= 10 feet)
- D) Submit a 1/4 section map with property owners indicated (1"=200 ft.). The section map must include an aerial map with plat overlay and soil profile. (*Obtain from GIS Map Office located on 1<sup>st</sup> floor of courthouse*)
- E) Submit information from an order two soil survey indicating that the site has a slope no greater than eight percent, has at least three feet of soil above ground water, bedrock, rock and other fragments, and is free of conditions that could allow land application of septage to cause contamination of ground water or run off to surface waters.
- F) Identify your methods of pathogen and vector reduction: \_\_\_\_\_

G) Annual Sewage Application Rate: \_\_\_\_\_

**Minimum Horizontal Isolation Distance Requirements (OAC section 3701-29-20 (E)(2))**

\_\_\_\_\_ 200' from any dwelling, business, or location used for community gatherings or recreational purposes.

\_\_\_\_\_ 50' from any property line

\_\_\_\_\_ 100' from any private water system, non-potable water well or water supply well used by a transient, non-community public water system as defined in rule 3745-81-01 of the Ohio Administrative Code.

\_\_\_\_\_ 50' from any waters of the state excluding ground water but including grass waterways.

\_\_\_\_\_ 300' from a sinkhole or drainage well, or 100' if a permanent vegetative buffer is maintained round the sinkhole or drainage well.

\_\_\_\_\_ 1500' from a public drinking water surface water intake.

**Additional Requirements**



- Septage shall be land applied in accordance with the following:
  - Septage shall not be permitted to pool or flow on the surface of the ground.
  - Septage must not be applied to soils unless the soil has dried adequately from previous application or rainfall so that saturated soil conditions or ponding does not occur.
  - Septage shall not be applied by spray irrigation or other methods that will cause aerosols to drift from application site.
  - Septage shall be applied in accordance with the vector attraction reduction requirements and the pathogen reduction requirements of 40 C.F.R. 503.
- The soil shall be tested every two years for phosphorus and shall not exceed the recommended levels for agronomic loading rates.
- The amount of septage applied to the site shall not exceed the annual nitrogen application rate required for the type of vegetation on the site.
- Trash shall be screened and removed from the septage prior to land application and the trash shall be dewatered prior to disposal as solid waste
- Sewage must be applied and injected as to help with vector and rodent control.
- Records shall be maintained by the septage hauler for at least five years to demonstrate compliance with Ohio Administrative Code section 3701-29-20 and the requirements of 40 C.F.R. 503.

**Applicant/ Site Operator:**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)

understand that Health Department approval of this site for land application of domestic sewage does not constitute an assurance or guarantee that the land would be in compliance with Chapter 503 of the Code of Federal Regulations or other applicable rules and regulations of other enforcing agencies or departments.

I agree to submit records of land application of domestic sewage as requested by the Health Department to determine compliance with applicable Health District rules and regulations regarding septic land application.

I understand that I am responsible for operating the site described in the legal description in accordance with the Sewage Treatment Systems Rules Section 3701-29-20. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, revocation of this registration, and disapproval of the proposed site for land application of domestic sewage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Darke County General Health District  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196  
www.darkecountyhealth.org

**FOR OFFICE USE ONLY**

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REQUIREMENTS REVIEWED: \_\_\_\_\_

MAP INFORMATION REVIEWED: \_\_\_\_\_

SOIL REPORT SUBMITTED: \_\_\_\_\_

VEGETATION SUITABLE WITH NITROGEN AND PHOSPHORUS REQUIREMENTS:

\_\_\_\_\_

SITE INSPECTION DATE: \_\_\_\_\_ INSPECTOR \_\_\_\_\_

OTHER REQUIREMENTS: \_\_\_\_\_

ADDITIONAL INSPECTION DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

Septage Hauler is Registered with Darke County? \_\_\_\_\_

Septage Hauler have previous non-compliance issues? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Date Paid: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_ Receipt: \_\_\_\_\_

Number of Trucks \_\_\_\_\_

Truck descriptions: \_\_\_\_\_

\_\_\_\_\_



### Property Owner Letter of Septic Waste Acceptance

I, \_\_\_\_\_, hereby allow  
Printed Name of Property Owner

\_\_\_\_\_  
Company Name

a Registered Scavenger with the Darke County General Health District, to dispose of septage

waste on my property located at: \_\_\_\_\_,  
Street Address/ Description (Parcel ID, Lot #, etc)

\_\_\_\_\_ in \_\_\_\_\_ township.  
City Township Name

The approval is granted for the \_\_\_\_\_ year. (Cannot exceed one-year agreement).

The vegetation grown on my property will be \_\_\_\_\_ . The

Drainage tiles, streams, etc. are correctly shown on the map submitted to me and include

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

State of Ohio

SS

Darke County

Executed before me, a Notary Public in and for said County and State, on this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Month Year

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**\*INSTRUCTIONS\* TO BONDING COMPANY FOR EXECUTION OF THE  
2020 SEWAGE TREATMENT SYSTEM INSTALLER, SERVICE PROVIDER, AND SEPTAGE  
HAULER REGISTRATION BOND**

**General Information**

- All sewage treatment system installers, service providers and septage haulers must use the State of Ohio Registration Bond Form as per the requirements for contractor bonding in OAC rule 3701-29-03(C)(6), except as permissible in rule 3701-29-03(G) and (H) in the Ohio Administrative Code (OAC).
- The 2020 Sewage Treatment System Registration Bonds for installers, service providers, and septage haulers are available in a PDF format on the ODH website at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/sewage-treatment-systems/INFORMATION-FOR-CONTRACTORS>
- or by contacting the Ohio Department of Health Residential Sewage Program at [BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov)  
Adobe Acrobat Reader may be used to open, complete, save and print the form.
- All information on the bond form must be complete and correct.
- **SUBMIT ORIGINALS ONLY with signatures. PHOTOCOPIES or FAXES WILL NOT BE ACCEPTED.**
- Please follow the steps below, and submit all documents as listed below in item #11.
- **THE REGISTRATION BOND MUST BE FOR THE AMOUNT as required in OAC rule 3701-29-03(C)(6)(e). (see Table 1 below)**

**OAC rule 3701-29-03(C)(6)(e) Table 1. Contractor bonding requirements.**

Number of systems (annually)	Installer		Service Provider		Septage Hauler	
	HSTS	SFOSTS	HSTS	SFOSTS	HSTS	SFOSTS
One system	Equal to system cost	\$25,000	N/A	\$25,000*	\$25,000	\$25,000
More than one system	\$40,000		\$25,000*		\$25,000	

\* STS service provider bond requirement reduced to \$15,000 for service providers with dual registration as STS installer and STS service provider.

## Completing the Form

The bond form may be used in two ways. You may print the blank form and fill in the lines by hand with a blue or black pen, or, if available, you may fill in the form using your computer and then print the information typed into the form by clicking on the print button.

1. Fill in the bond number on the line provided in the upper left-hand corner of the bond form.
2. Fill in the legal company name and address of the company applying for the registration bond on the first, second and third lines exactly as it appears on the Local Health District registration application form as a sewage treatment system installer, service provider, or septage hauler.
3. List the name of the surety company on the line provided.
4. Check the box indicating the bond amount being provided on the appropriate bond form. Refer to the table above in the General Information.
5. Fill in the Bond Effective Date. This is the date the bond becomes effective for the 2020 calendar year and it must be December 31, 2019 or later.
6. Provide the proper information and signatures at the bottom of the bond:
  - a) Check the box indicating the bond amount being provided, as indicated in #4.
  - b) Name of the company applying for the bond
  - c) Signature of the person representing the company
  - d) Name of the surety company
  - e) Address and telephone number of the surety company
  - f) Signature of the Attorney-in-Fact
7. Upon completion of the fill-in form, the completed form may be saved for your files by using the Adobe Acrobat Reader drop down "File" menu "Save As" option. It is recommended that you rename the file when saving. Continue by clicking the Printer button on the bottom of the second page of the form. This will Print and Clear the form. Therefore, if you want to save the information on the form, save the form prior to printing.
8. After completing the printed form by hand or printing the completed form from the computer, sign and date the form as required in the required Signature boxes found at the bottom of the bond by hand using a blue or black pen.
9. Apply or impress the seal of the Surety Company in the space provided.
10. Attach the Power-of-Attorney form for the Attorney-in-Fact. The bond number must match the surety bond number.
11. Mail the complete bond packet by enclosing the three items below:
  1. Completed **2020 Registration Bond** with original signatures and corporate seal;
  2. **Power of Attorney (POA)** for the 2020 Registration Bond;
  3. **2020 Sewage Contractor Contact Information Form.**

### Mail Bond Packets to:

Ohio Department of Health  
BEHRP/ Residential Sewage Program  
246 N. High St.  
Columbus, Ohio 43215-0278

### Questions, Problems or Need Help???

Contact the Residential Sewage Program  
at (614) 644-7551  
Or email us at BEH@odh.ohio.gov

Bond Number

State of Ohio

2020 Registration Bond

Registration Number  
(for Health District use only)

Owned by:

(Check One)

- individual
- partnership
- corporation

Sewage Treatment Systems Septage Hauler

LEGAL COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

MAILING ADDRESS 2: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

As Principal, and Surety Company \_\_\_\_\_

is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

**twenty-five thousand dollars (\$25,000)**

the payment of which is to be made as provided below. the Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors, and assigns, jointly and severally.

Bond Effective Date:

The above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system septage hauler in the State of Ohio as provided in section 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration **expires on the 31<sup>st</sup> day of December, 2020.**

If the above Principal shall comply with all laws and rules relating to the collection, transportation, disposal and land application of domestic septage from sewage treatment systems, and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal. This obligation shall remain in full force and effect until **December 31, 2020 and will be null and void after that date.**

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC rule 3701-29-03 (C)(6)(d). The Principal shall then notify all local health districts in Ohio where the Principal holds a current and valid registration of the cancellation of the bond and shall immediately submit proof of a new registration bond. Any such cancellation shall release the Surety from liability for any subsequent acts of the Principal; provided, however, the Surety shall remain liable for any and all acts of Principal covered by this bond up to the date of cancellation.
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this bond, regardless of the number of claims that may be filed hereunder. The sum of the bond shall be available for payment of violations for the 2020 registration year.
3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03 (C).

Legal Company Name

Signature of Company Owner or Representative  
(required)

Surety Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Surety Company Phone: \_\_\_\_\_

Attorney-in-Fact or Insurance Agent Signature (required)

Instructions for preparation:

1. Impress/affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

(Place Bonding Corporation Seal Above)



# Ohio Department of Health Sewage Treatment Systems Program

2020 Contractor Contact Information  
for Installers, Septage Haulers and Service Providers

Please complete the following information and submit with the Bond Form.

Company Name

Company Street Address

City

State

Zip Code

Company Mailing Address (if different from Above)

City

State

Zip Code

Company Owner

Company Representative (if different from Owner)

Company Phone Number

Additional Contact Phone Number

Company Fax Number

Company E-mail

Please check all registration categories that apply to your company's business for 2020:

- Installer    Service Provider    Septage Hauler

Please list the county where the company is located

Are you registering to work in this county in 2020?

- Yes    No

If Bonded for only a Single System in 2020, list the County where work will be performed: \_\_\_\_\_

Please list (below) all of the County or City Health Districts that you registered with in 2020:

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<b>Attachment 5</b>	<b>Sewage Treatment System Administrative Review</b>	<b>Address</b>
<i>Form Rev. May 2018</i>	<b>Optional Services: Land Application</b>	Street Address/Parcel Number
		City, OH Zip Code

<b>I. Land Application of Domestic Septage</b>	<b>Score</b>	<b>Possible Points</b>	<b>Comments: Note any issues observed</b>
1. Do all known land application sites have a valid permit from the health department in accordance with OAC 3701-29-20(E)?			If no, which sites do not have a valid permit. Is there enforcement action occurring?
2a. Do all permitted land application sites have written permission from the property owner as required by OAC 3701-29-20(E)(1)(c)?			If no, which do not have written permission
2b. Do all permitted land application sites have information about presence of field tile, ditches, storm sewers, streams, and other drainage conveyances within the application area as required by OAC 3701-29-20(E)(1)(c)?			If no, which do not and what information is missing
3a. Do all land application sites permit applications have an order two soil survey with the permit application in accordance with OAC 3701-29-20(E)(1)(d)?			If no, which do not
3b. Do all permitted land application sites have < 8% slope, at least three feet of soil above groundwater/bedrock and free of conditions that could allow land application to cause contamination or run-off in accordance with OAC 3701-29-20(E)(1)(d)?			If no, which do not
4a. Has health department documented on-site inspection of the land application sites to demonstrate compliance with OAC 3701-29-20(E)(2)?			If no, which do not
4b. Do all permitted land application sites meet the minimum horizontal isolation distance requirements in accordance with paragraph (E)(2) of rule 3701-29-20?			If no, which do not
6. Does the land application site permit expire one year from date of approval in accordance with OAC 3701-29-20(E)(6)?			If no, which do not
7a. Does the land application permit include the type of vegetation grown on the site?			If no, which do not
7b. Do the applications for land applications sites include calculations to demonstrate compliance with the nitrogen application rate for the type of vegetation on the site?			If no, which do not
7c. Has the soil been tested for phosphorus with the last two years for each land application site as required by OAC 3701-29-20(F)(2)?			If no, which do not

<b>Attachment 5</b>	<b>Sewage Treatment System Administrative Review</b>	<b>Address</b>
<i>Form Rev. May 2018</i>	<b>Optional Services: Land Application</b>	Street Address/Parcel Number
		City, OH Zip Code

8. Does the land application permit require that trash be screened and removed from septage prior to land application and property dewatered and disposed as solid waste to demonstrate compliance with OAC 3701-29-20(F)(3)?				If no, which do not
9. Are methods of pathogen and vector reduction identified and in compliance with 40 C.F.R. 503?				
9. Has the health department taken administrative action to revoke a permit for land application due to non-compliance?				If yes, which permits and high level issues of compliance





**Ohio Department of Health**  
 Bureau of Environmental Health  
 Residential Water and Sewage Program

**Sewage Treatment System Contractors’  
 Allowable Activities by Category of Registration**

This document has been prepared to provide some guidance on the activities that a contractor is allowed to perform under each category of registration. The list of activities for each category of registration is intended to provide a general idea and contractors are not necessarily limited to only the activities list here. If you have questions about activities that are not listed, you may contact the Residential Sewage Program for additional guidance at 614-644-7551.

<b>Installer</b> – activity of installing, or altering STS or GWRS [OAC 3701-29-01 (FFF)]	<b>Service Provider</b> – activity of servicing, monitoring, evaluating or sampling STS or GWRS [OAC 3701-29-01 (OOOO)]	<b>Septage Hauler</b> – collection, transportation, disposal and/or land application of domestic septage, and evaluate and report on the condition of the tank(s) they are pumping. [OAC 3701-29-01 (JJJJ)]
Installation or alteration work in accordance with a valid installation/permit issued by the board of health	Routine service and maintenance required for product approval and/or operation permit (e.g. service contracts) for STS or GWRS, including in-place correction, cleaning, or replacement of damaged or worn out devices with approved devices	Evaluate and report on: <ul style="list-style-type: none"> <li>• condition of the tank</li> <li>• presence/absence of baffles or tees</li> <li>• conditions of risers</li> <li>• evidence of high water or water intrusion</li> <li>• tank deterioration</li> </ul>
Inspection for trouble-shooting STS issues if installed or altered by same installer	Replacement of mechanical devices (agitators, compressors, and pumps), and broken, worn-out, or damaged parts	Conduct and report any minor repairs limited to structure of the tank(s) being pumped, including: <ul style="list-style-type: none"> <li>• Installation/replacement of lids or risers on the tank</li> <li>• Installation, repair, or replacement of tank baffles</li> <li>• Installation, cleaning, or repair of effluent filter at outlet of tank</li> </ul>
Installation or replacement of lids, risers, distribution boxes, drop boxes, tank baffles, effluent filters, etc.	Replacement or cleaning of STS filter media	Maintain records and manifest of septage or sewage pumped from each STS as required in OAC 3701-29-20 (C)
Installation of sampling ports	Installation of sampling ports	
	Installation or replacement lids, risers, baffles Installation or cleaning of outlet filters	
	Monitoring of STS or component for verification of performance requirements, including dye tests	
	Evaluation of STS (i.e. real estate/point-of-safe inspections)	
	Sample collection from STS for lab analysis	

Local Health District

# SEPTAGE PUMPING REPORT FORM

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septage hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

Pumping Date:	County:	Township:
Pumping Location Address (include city & zip)		
Name of Person making Request:	<input type="checkbox"/> check if this person is the owner	Phone #:

<b>TANK PUMPING INFORMATION</b>	<input checked="" type="radio"/> Residential <input type="radio"/> Commercial	# of Tanks: _____	Total Gallons Pumped: _____ gal.
Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same type should also be numbered in succession.			
<input type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable tank _____ <input type="checkbox"/> Other _____ Type: _____ If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing			
Check all that apply and place the number of the tank listed above next to the material type.			
<input type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____			
Give the volume of each tank pumped:			
Tank 1 _____ gal	Tank 2 _____ gal	Tank 3 _____ gal	Tank 4 _____ gal

<b>TANK CONDITION OBSERVATIONS</b>	
Tank Condition <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine	If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Risers: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	Riser located over: <input type="checkbox"/> Inlet <input type="checkbox"/> Center of Tank <input type="checkbox"/> Outlet
Riser Lids: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	Risers and Lids Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor
Evidence of Leaking? <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive	Which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all at the (check all that apply) <input type="checkbox"/> Tank <input type="checkbox"/> Riser <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Inconclusive
High Water Level at time of pumping <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not determine	If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Evidence of previous tank high water level observed <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive	If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Baffle(s) and Tee(s) <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not observed	If absent which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Baffle(s) or Tee(s) Condition (if observed): <input type="checkbox"/> Good <input type="checkbox"/> Poor	If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all
Effluent Filters <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> N/A, tank older than 2007	If present, were they cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Solids Removed Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____	Was dewatering necessary? <input type="checkbox"/> Yes, _____ gal <input type="checkbox"/> No <input type="checkbox"/> N/A
Did spillage occur during pumping process? <input type="checkbox"/> Yes <input type="checkbox"/> No	Solid Waste Facility taken to: _____ If yes, was area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List all Repairs, Additional Work and Comments:</b>	

<b>Disposal Location:</b>
<input type="checkbox"/> Waste Water Treatment Facility Name of Facility: _____
<input type="checkbox"/> Land Application Permit #: _____ Address: _____

Driver/Technician Name (printed)	Company Phone #:
Septage Hauling Company:	Registration #:

**YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN:** \_\_\_\_\_ Years \_\_\_\_\_ Months  
 REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.

\*A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health District

# PORTABLE TOILET SEPTAGE PUMPING REPORT

A copy of the report must be submitted to each local health district

Page \_\_\_\_ of \_\_\_\_

Portable Toilet Septage Hauler (Company Name)		List All Health Departments registered with and the corresponding registration numbers (if applicable).			
Phone #:	Report Date Range From: _____ To: _____	County/City _____	Reg # _____	County/City _____	Reg # _____

Date of Pumping	Truck # or Designation	Disposal Facility and Location	Volume (gal)	Countries where portable toilets were pumped for this disposal.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOME SEWAGE TREATMENT LOCAL + STATE = TOTAL FEE

**\*\*FEE IS DOUBLED IF WORK IS STARTED BEFORE SITE APPROVAL OR BEFORE PERMIT ISSUANCE ON ALL SEWAGE INSPECTIONS**

**Site Reviews:**

Site review application for a new HSTS, SFOSTS, or GWRS	\$315.00	+	\$0.00	=	\$315.00
Site review for existing or replacement HSTS, SFOSTS, or GWRS	\$0.00	+	\$0.00	=	\$0.00
<b>**After 1st visit</b>	\$60.00		\$0.00	=	\$60.00

**Installation Permits:**

Permit for the new installation or replacement of an HSTS & GWRS	\$410.00	+	\$74.00	=	\$484.00
Permit for the new installation or replacement of an SFOSTS	\$420.00	+	\$74.00	=	\$494.00
Permit for the alteration of an existing HSTS & GWRS	\$149.00	+	\$35.00	=	\$184.00
Permit for the alteration of an existing SFOSTS	\$159.00	+	\$35.00	=	\$194.00

**Operation Permits (O & M) :**

Operation permit for 1st year no matter the system type	\$5.00	+	\$0.00	=	\$5.00
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**Operation Permit Renewal:**

Conventional (example: septic tank with leach bed) (5 year permit to be billed on inspecting year for next 5 year period)	\$75.00	+	\$0.00	=	\$75.00
Aeration, mound or other mechanical system (2 year permit)					
***without service contract	\$100.00	+	\$0.00	=	\$100.00
***with service contract by approved service provider	\$10.00	+	\$0.00	=	\$10.00
NPDES Aeration with service contract (1 year permit)				=	\$5.00
Dry wells & Sand filters: (3 year permit to be billed on inspecting year for next 3 year period)	\$100.00	+	\$0.00	=	\$100.00
Each additional re-inspection (as authorized by ORC 3718.02 and OAC 3701-29-09)	\$60.00	+	\$0.00	=	\$60.00

**The operation permit fee for experimental systems will be based upon the type of system and the number of inspections necessary to complete the operation permitting requirements.**

*For a leachbed, drywell, sandfilter, or aeration system without a service contract: If the septic system has been pumped in the last operation period prior to operation permit expiration (not to exceed 5 years), then the homeowner may receive a \$25 reduction in the operation permit fee provided they submit receipt of pumping.*

For home sale request: Whereas, the O&M monitoring is not complete (they've paid: the Health Dept. has not done monitoring yet) or O&M completed within the last year by a Sanitarian (Health Department inspection deemed in compliance; must provide satisfactory pumping receipt dated within last year) (We would not have to go back out, just complete letter): The fee will be reduced by the amount paid previously for the O & M permit.

**Special Service Inspections:**

Special Service Sewage Only Inspection (Home Sales/ room edition/ refinance)	\$310.00	+	\$0.00	=	\$310.00
Sewage Inspection for Land split	\$350.00	+	\$0.00	=	\$350.00
Land Survey Evaluation (without sewage inspection)	\$150.00	+	\$0.00	=	\$150.00

**Registrations:**

Installer Registration	\$175.00	+	\$0.00	=	\$175.00
Service Provider Registration	\$175.00	+	\$0.00	=	\$175.00
Septic Hauler Registration	\$175.00	+	\$0.00	=	\$175.00
Plus permit fee for EACH additional truck	\$12.00	+	\$0.00	=	\$12.00
Scavenger site evaluation	\$75.00	+	\$0.00	=	\$75.00
Homeowner Installer Registration:	\$50.00	+	\$0.00	=	\$50.00
Homeowner Service Provider Registration:	\$50.00	+	\$0.00	=	\$50.00