

CUYAHOGA COUNTY BOARD OF HEALTH

▪ 5550 Venture Drive ▪ Parma, Ohio 44130 ▪ Phone: 216-201-2020 ▪ Fax: 216-676-1317 ▪ www.ccbh.net

Application for a Sewage Treatment System (STS) Site Review

Property Information		
Property Address:	Municipality:	Zip Code:
Permanent Parcel Number:	Sub-lot Number:	Water Supply (city, well, cistern):
Date Parcel was Created :	Lot Dimensions :	Square Footage :
Owner Name :		Phone Number :
Owner Address:	Municipality:	Zip Code:
Developer Name:		Phone Number :
Project Description	FEE:	
<input type="checkbox"/> <u>Household Sewage Treatment System</u> (Replacement System)	\$ 0.00	
<input type="checkbox"/> <u>Household Sewage Treatment System</u> (Existing Lot)	\$ 200.00	
<input type="checkbox"/> <u>Household Sewage Treatment System</u> (New Lot)	\$ 200.00 (per lot)	
<input type="checkbox"/> <u>Small Flow Onsite Sewage Treatment System</u> (SFOSTS)	\$ 200.00	
Total Number of Proposed lots: _____	Total Amount Paid : _____	
Proposed Daily Flow Rate: _____ Gallons/Day	Variance Requested : <input type="checkbox"/> Yes <input type="checkbox"/> No	
NPDES Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Date NPDES Coverage Obtained _____	Discharge Location:
Designer Name:		Phone Number:
Designer Address:	Municipality:	Zip Code:
By signing below I acknowledge that I have read and agree to all terms and conditions on the back of this application and that to the best of my knowledge all the information provided with this application is factual. Furthermore I certify that siting a STS on the proposed lot(s) will not violate the prohibitions in paragraph (B) of Section 6.1 of the Cuyahoga County Board of Health Sewage Treatment System Rules or OAC 3701-29.		
Owner Signature :		Date
<i>For Office Use Only</i>		
<input type="checkbox"/> APPROVED (<u>valid for 1 year</u>): <input type="checkbox"/> See approved stamped site plan. <input type="checkbox"/> Site and Soil evaluation attached <input type="checkbox"/> The parcel is approved for the proposed project submitted with this application and meets the minimum requirements of OAC 3701-29 and the Cuyahoga County Board of Health Sewage Treatment System Rules.		
<input type="checkbox"/> CONDITIONAL APPROVAL (System Design(s) not submitted for review. See reverse side for details)		
<input type="checkbox"/> DISAPPROVED: <input type="checkbox"/> Application is incomplete or inaccurate. See notes on the back of this form. <input type="checkbox"/> Proposed project does not meet the requirements of OAC 3701-29 or the Cuyahoga County Board of Health Sewage Treatment System Rules. See notes on the back of this form.		
<input type="checkbox"/> This parcel does not have adequate area for sizing a HSTS utilizing soil absorption but may meet requirements for NPDES permit coverage.		
<input type="checkbox"/> See additional notes on the back of this form for specific requirements and or limitations.		
Sanitarian Signature: _____		Date: _____
Date Received:	Fee Paid:	Log-in #:

