## 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

Application for a Bew	use .	ricat	ment bystem (b)	(b) bite iteriew	
Property Information					
Property Address:		Municipali	ty:	Zip Code:	
Permanent Parcel Number:	Sub-lot l	Number:		Water Supply (city, well, cistern):	
				22pp-y (11.y,, 11.11.11).	
D. D. J. G. J.	T . D				
Date Parcel was Created : Lot Dimensions :				Square Footage :	
Owner Name :				Phone Number :	
Owner Address: Municip		Municipali	tv:	Zip Code:	
Owner radioss.		Walnespan	.,.	zip code.	
D. I. W				DI N. I	
Developer Name:				Phone Number:	
<b>Project Description</b>				FEE:	
☐ Site Review For Sewage Treatment System	em (Ren	lacement	System)	\$ 0.00	
☐ Site Review Sewage Treatment System		\$ 500.00			
☐ Site Review Sewage Treatment System C	Condition	al Approv	<u>val</u> (Per Undeveloped Lot)	\$ 250.00	
☐ System Design Plan Re-Submittal Fee				\$ 150.00	
Total Number of Proposed lots:	_		Total Amount Paid:		
Proposed Daily Flow Rate:	Gallons/	Day	Variance Requested :	Yes □ No	
1 Toposed Daily I low Rate.	Ganons/	Day	variance requested.	Discharge Location:	
NINDEGG	NDD	Ea a	01	Discharge Location.	
NPDES Coverage ☐ Yes ☐ No ☐ Date NPDES Coverage Obtained					
Designer Name:				Phone Number:	
Designer Address:		Municipali	ty:	Zip Code:	
By signing below I acknowledge that I have read and agree	to all terms	and condition	ons on the back of this application and the	at to the best of my knowledge all the	
information provided with this application is factual. Furth				violate the prohibitions in paragraph (B) of	
Section 6.1 of the Cuyahoga County Board of Health Sewag	e Treatmen	t System Ru	les or OAC 3701-29.	l n .	
Owner Signature :				Date	
	Т	O.C.C.	II O I		
			Use Only		
☐ APPROVED ☐ See approved stamped site plan. ☐ Site and Soil evaluation attached					
☐ The parcel is approved for the proposed project submitted with this application and meets the minimum requirements of					
OAC 3701-29.					
0110 0701 271					
☐ CONDITIONAL APPROVAL (System	Decign(	c) not cub	mitted for review See reverses	ide for details)	
☐ CONDITIONAL APPROVAL (System	i Design(	s) not sub	initied for feview. See feverse s	ide for details)	
□ DISAPPROVED:					
☐ Application is incomplete or inaccurate. See notes on the back of this form.					
☐ Proposed project does not meet the requirements of OAC 3701-29. See notes on the back of this form.					
☐ This parcel does not have adequate area for sizing a HSTS utilizing soil absorption but may meet requirements for					
NPDES permit coverage.		a			
THE DEED permit coverage.					
☐ See additional notes on the back of this form for specific requirements and or limitations.					
$\square$ See additional notes on the back of this for	rm for sp	ecinc req	uirements and or limitations.		
Sanitarian Signature:			Date:		

Date Received:	Fee Paid:	Log-in #:

- Any approval issued for an STS site review is valid for five (5) years from the date of approval.
- A completed Site and Soil Evaluation as required in OAC 3701-29.
- (2) copies of a Site Plan must be included for actual project approval. Conditional approval may be granted for undeveloped properties and subdivisions without the submittal of a system design, but an additional Site Review must be completed incorporating the actual STS design prior to the issuance of an installation permit.
- It is recommended that Site Plans be prepared by a professional engineer or surveyor with experience in soil absorption sewage treatment system design.
- Property lines, initial and replacement soil absorption areas, and general house location must be staked and clearly identified on the lot prior to requesting a site review.
- Site review submittals must indicate if a variance is being requested. A separate variance request must be submitted prior to site review approval.
- Areas designated for the initial installation and replacement of the STS must be protected from vehicular traffic and other disturbances. It is the responsibility of the property owner to ensure the protection of these areas. Failure to protect these areas may result in forfeiture of approval granted by this department deeming the property unsuitable to support the installation of an STS.
- After receiving this application a sanitarian will contact you to arrange a convenient time to conduct the Site Review.

\*\* An additional \$150.00 will be charged for system plans that must be re-submitted for review by this office. \*\*

Additional Notes: