

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>Site Review For Sewage Treatment System</u> (Replacement System)		\$ 0.00
<input type="checkbox"/> <u>Site Review Sewage Treatment System</u> (Per Undeveloped Lot)		\$ 750.00
<input type="checkbox"/> <u>Site Review Sewage Treatment System Conditional Approval</u> (Per Undeveloped Lot)		\$ 500.00
<input type="checkbox"/> System Design Plan Re-Submittal Fee		\$ 150.00
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
For Office Use Only		
<input type="checkbox"/> APPROVED <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.		
<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. 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 #:
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- 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: