COSHOCTON COUNTY GENERAL HEALTH DISTRICT
724 South Seventh Street, Coshocton, Ohio 43812
Ph. 740 622-1426 Fax 740 295-7576 e-mail coshcohealth@coshoctoncounty.net

Application for a
Permit TO Install or Alter a Sewage Treatment System

Owner/Applicant:_____ **phone:** _____

Current address: _____

Address of Property:_____**Township**_____

Sewage Treatment System (STS)

( ) New or Replacement System	$270.00
( ) Alteration of an existing STS	$135.00
( ) ODH fee for New or Replmnt STS	$74.00
( ) ODH fee for Alteration STS	$35.00
( )Operation Permit fee (to be collected with PTI fee)	$50.00

Gray water Recycling System (GWRS)

( ) New or Replacement GWRS type 1	$100.00
( ) New or Replacement GWRS type 2, 3, and 4	$270.00
( ) ODH fee for New or Replacement GWRS*	$74.00
( ) ODH fee for Alteration GWRS* - (*GWRS type 2, 3, and 4)	$35.00

Total fees due_____

Site Review Plan has been approved by: _____**Date** _____
(Site Review Plan is required before applying for a Permit To Install)

Name of Installer_____**Estimated Cost of STS**_____

I hereby apply for a permit to install a Home Sewage Treatment System. I agree to comply with all rules and regulations of the Coshocton County General Health District and of the Ohio Department of Health governing the installation and the operation of Sewage Treatment Systems. I also understand that the issuance of this permit is conditioned upon the right of any agent of the Coshocton County General Health District to enter upon the premises of the Sewage Treatment System at any reasonable time prior to, during, or after completion of the work to determine compliance with all applicable regulations.

Date _____ **Applicant**_____

For office use:

Receipt #_____ **Audit #**_____

Receipt date_____ **Permit #** _____

Application approved by:_____ **Date**_____