

Application for Permit to Install or Alter a Household Sewage Treatment System or Gray Water Recycling System (GWRS)



ERIE COUNTY GENERAL HEALTH DISTRICT
420 Superior St. Sandusky OH 44870 (419) 626-5623



Street Address or Lot Number _____

Property Location: Parcel ID #/Tax ID _____

Property Owner _____

Applicant Name _____

Applicant Mailing Address _____

City _____ Zip _____ Phone Number _____

Cell _____ E-mail _____

Township or Village _____

Name of Registered Installer _____ Phone # _____

Type of Installation: New Installation _____ Replacement _____ Alteration _____

Residential Household System _____ Small Flow System up to 1,000 GPD _____

Primary Residence _____ Secondary Residence or Rental Unit _____

Total Number of Bedrooms _____ Single Family House _____ Other _____

Water Supply: Public _____ Private (well or hauled water storage tank) _____

Estimated Cost of the System _____ GWRS Type 1 2 3 4

Sewage or GWRS Installation/Replacement Permit Fee: \$784 Alteration Permit Fee: \$535

****No personal checks accepted****

I certify that the information on this application is accurate and agree to the stipulations specified on the design plan or layout plan submitted by the system designer. Submission of this application and fee does not guarantee approval for a household sewage treatment permit. This permit does not guarantee the performance of the household sewage treatment system. This permit to install the sewage treatment system expires in 1 year.

Signature _____ Date _____

OFFICE USE ONLY

Sanitarian Issuing Permit _____ Vertical Separation Distance _____

Sewage Treatment System Permit # _____ Soil Depth Credits Used _____

Sewage Treatment System Permit Fee Paid \$ _____ Receipt # _____ Date Paid _____

System Description _____

Final Inspection Date _____ Sanitarian Performing Final Inspection _____