



**Permit-to-Install/Plan Approval Application**  
 Onsite Sewage Treatment Systems

**FOR AGENCY USE ONLY**

Application Number:	Date Received:    /    /
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Applicant:
Facility Owner:
Application/Plans Prepared by:
Project Name:

**1. If this is a modification of an existing system, please describe the existing system, listing the existing wastewater flow(s) and discussing how the existing flow(s) were determined (for example design flow, water use records, estimate, etc.):**

**2. Design Basis**

List the type of establishment proposed (office, church, retail store, etc.), the number of employees, seats, etc., and the corresponding sewage flow for each. Include existing flows discussed in Item 1 above, noting them as existing. Attach additional sheets if necessary.

Type of Establishment	Type of Units (employees, seats, etc.)	Number of Units	Sewage Flow (gal/day)	Total (gpd)
		x	=	
		x	=	
		x	=	
		x	=	
		x	=	
			<b>Total Sewage Flow (gpd)</b>	= _____

*Refer to OAC 3745-42-05 for design flow requirements*

**3. If there is to be any development at this site, other than that specified above, explain what type, and provide a timeline for development.**

**4. Are Central Sewers Available?:**  Yes  No  
 Distance to central sewers from property: \_\_\_\_\_ feet

**5. Are there any floor drains at this facility?**  Yes  No  
 If Yes, please describe intended use:

**6. The site consists of:**  
 \_\_\_\_\_ acres of predominately \_\_\_\_\_ soil name(s).  
 a. What is the limiting soil condition? \_\_\_\_\_  
 b. What is the depth to the limiting condition? \_\_\_\_\_ inches  
 c. What is the site slope? \_\_\_\_\_

**7. Septic Tank(s)**

All dimensions should be shown on the detail plans as well as listed in the following table:

Tank Number	Capacity (gallons)	Inside Tank Length (ft)	Inside Tank Width (ft)	Inside Tank Height (ft)	Water Height (ft)

**8. Water Supply**

a. Water supply  Public  Well  
 b. Nearest private water supply well location, proposed or existing: \_\_\_\_\_ (feet)  
 c. Are there any public water supply wells within 300 feet?  Yes  No  
*Show location of all water supply wells on plans.*

**9. Lift Station or Dosing Device**

a. Overall tank inside dimensions: \_\_\_\_\_ Volume: \_\_\_\_\_ gallons  
 b. Working volume or dosing volume: \_\_\_\_\_ gallons  
 c. Number of pumps: \_\_\_\_\_ Pump size: \_\_\_\_\_ gallons/minute \_\_\_\_\_ TDH  
 d. Other device (for example siphon): \_\_\_\_\_

**10. Pretreatment**

Is a pretreatment unit or device incorporated into design?  Yes  No  
 If **Yes**, please provide information: \_\_\_\_\_

**11. Drip Irrigation**

a. Total lineal length of field: \_\_\_\_\_ feet      b. Number of zones: \_\_\_\_\_  
 c. Total lineal length per zone: \_\_\_\_\_ feet      d. Daily wastewater load: \_\_\_\_\_ gpd  
 e. Basal loading rate: \_\_\_\_\_ gpd/ft<sup>2</sup>      f. Linear loading rate: \_\_\_\_\_ gpd/lineal foot  
 g. Soil permeability rate: \_\_\_\_\_ in/hr

**12. Mound Systems (Note: All dimensions are to be shown on plans also)**

a. Site Limitation: (check one)  
 Impermeable soil layer (soil or bedrock) 3-4 gpd/lineal foot       Solid bedrock 3-4 gpd/lineal foot  
 Seasonal high water table 3-4 gpd/lineal foot       Semi-permeable soil layer 5-6 gpd/lineal foot  
 Fractured compacted till 5-6 gpd/lineal foot       Creviced/fractured bedrock 8-10 gpd/lineal foot  
 Sand and/or gravel 8-10 gpd/lineal foot

b. Daily wastewater load: \_\_\_\_\_ gpd      m. Number of laterals: \_\_\_\_\_  
 c. Linear loading rate: (\*See a above) \_\_\_\_\_ gpd/lineal foot      l. Number of observation tubes: \_\_\_\_\_  
 d. Basal loading rate: \_\_\_\_\_ gpd/ft<sup>2</sup>  
 e. Sand fill loading rate: \_\_\_\_\_ gpd/ft<sup>2</sup>  
 f. Mound fill depth: \_\_\_\_\_ inches  
 g. Mound depths: \_\_\_\_\_ inches  
 h. Delivery pipe material specification: \_\_\_\_\_ diameter (in)  
 i. Manifold pipe material specification: \_\_\_\_\_ diameter (in)  
 j. Lateral pipe material specification: \_\_\_\_\_ diameter (in)  
 k. Total length of laterals \_\_\_\_\_ feet

**13. Leach Field**

a. Total lineal length of field: \_\_\_\_\_ feet      b. Total number of leach lines: \_\_\_\_\_

**14. Subsurface Sand Filter**

a. Total sand filter area provided: \_\_\_\_\_ ft<sup>2</sup>      b. Number of filters: \_\_\_\_\_

**15. Submittals:**

This application must include the following unless otherwise directed by Ohio EPA:

- Four copies of the detail plans including site plan, vicinity map and detailed drawings of the project.
- Two copies of the specifications.
- One copy of soil evaluation report signed and stamped by a soils scientist.
- Two copies of the Application including Form A, pertinent B & C form(s), and antidegradation addendum (if applicable)

**16. The foregoing data is a true statement of facts pertaining to this proposed onsite sewage treatment system.**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Signed: \_\_\_\_\_ P.E.

Plans prepared by: \_\_\_\_\_