



**Plan Approval**

Sewage Holding Tank Management Plan

<b>FOR AGENCY USE ONLY</b>	
Application Number:	Date Received: / /

<b>General Information</b>			
Applicant Name:			
Project Address:			
City:	State:	Zip:	
County:	Township:		
Is the Applicant for the Sewage Holding Tank Management Plan the Owner of the Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, please explain and state who is responsible for monitoring the sewage holding tank:			
<i>(Note: This form shall be submitted with a PTI/Plan Approval Application Form A, Form B8 Holding Tanks, and plan approval fee for all proposed sewage holding tanks after the effective date of this rule. Any existing systems prior to the effective date of this rule may require a PTI/Plan Approval Application be submitted with the management plan. Refer to Rule 3745-42-11(E) (G) (H) of the Administrative Code for permit requirements for sewage holding tank management.</i>			

**At a minimum, the following items shall be included in the sewage holding tank management plan required by Rule 3745-42-11 of the Administrative Code. Any additional unique features must be described on separate pages and attached to this plan.**

<b>A. Treatment and Storage Information</b>		
Average Daily Design Flow to the Holding Tank:		gpd
Average Actual Flow to the Holding Tank (if existing Holding Tank):		gpd
Nature of Waste: <input type="checkbox"/> Domestic Sewage <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____		
<b>Provide justification for the use of the sewage holding tank:</b>		
<b>Expected date of tank decommissioning (if applicable):</b>		

<b>B. Tankage</b>					
Material	Storage Volume (gallons)*	Storage Volume (days)	Inside Length (ft)	Inside Width (ft)	Inside Height (ft)
1.					
2.					
3.					
*Storage Volume should be calculated at 75 percent of tank capacity					

**C. Design Basis:**

Type of Establishment	Type of Unit (employee, seats, etc.)	Number of Units	Wastewater Flow (gal/day)	Total (gal/day)
		X		=
		X		=
		X		=
Total Flow (gal/day)				= _____

**D. Hauling & Storage:**

Receiving Facility:		Facility NPDES #:	
Address:		City:	State: Zip:
Licensed Hauler:			
Annual Cost:		<input type="checkbox"/> Actual	<input type="checkbox"/> Estimated
If applicable, local health department that licensed the waste hauler:			
How often is it to be hauled/emptied:			
How is the alarm set:			
Location of the audio/visual alarm:			
Location of signs:			
Emergency name & number on signage:			
How are spills/run-offs prevented and/or contained:			
Describe the standard filling, operating, and emptying procedures:			
Additional Comments:			

**E. Record Keeping Requirements**

*The owner/operator shall keep the following records at the facility for the time specified and make these records available to the director upon request and maintain the records for a minimum of three years:*

<input type="checkbox"/>	Copy of permit to install	<input type="checkbox"/>	POTW receiving waste including address
<input type="checkbox"/>	Volume & description of all sources of waste	<input type="checkbox"/>	Name of operator
<input type="checkbox"/>	Copy of construction & installation records	<input type="checkbox"/>	Licensed hauler information including licensing

*The following items shall be attached for the existing sewage holding tank:*

<input type="checkbox"/>	Licensed hauler information	<input type="checkbox"/>	POTW receiving waste
<input type="checkbox"/>	Contract with hauler (including paid receipt for pumping service)*	<input type="checkbox"/>	Pumping records (most recent, 2yrs if available)

*\*If owner changes to a different hauling contractor, records for the new hauling contractor shall be maintained and new receiving wastewater treatment plant if applicable.*

**F. Miscellaneous Information:**

*The following items shall be included with this sewage holding tank management plan:*

- Letter from the POTW agreeing to accept the waste
- Copy of contract between hauler and the owner of sewage holding tank
- Four copies of this management plan and any attachments.
- Fee check payable to "Treasurer, State of Ohio." (*unless this plan is submitted with a PTI for the tank*)
- Additional information is included with this form:

**G. Signature: The foregoing data is a true statement of facts pertaining to this proposed plan.**

Plan prepared by:

Signed:

Date: / /