



MAHONING COUNTY DISTRICT BOARD OF HEALTH
HOUSEHOLD SEWAGE TREATMENT SYSTEM
INSTALLER DRAWING FORM

All distances and required information is listed below and must be completed for approval, if applicable. The minimum distance requirements are indicated in ().

_____	Number of tanks
	Tank size _____
	Tank manufacturer _____
_____	Length along contour
_____	Depth of installation
_____	Bench mark marked on drawing
_____	Area(s) utilized, test hole(s) (indicated on drawing test hole locations)
_____ in	Inches of topsoil for cover (if applicable)
_____ ft	House, buildings, other structures (10ft)
_____ ft	Property lines (10ft)
_____ ft	Existing private water system (50ft) lakes & ponds
_____ ft	Road right of ways and road utility easement (10ft)
_____ ft	Intermittent streams and swales (10ft)
_____ ft	Geothermal horizontal closed loop systems, irrigation lines, and GWRS (50ft)
_____ ft	Surface water impoundment, lake, river, wetland, perennial stream, and road cut-banks or stream cut banks (50ft)
_____ ft	Sewers and wastewater drains outside foundation(10ft)
_____	Pump manufacturer/model
_____	Aeration manufacturer/model
_____	Soil absorption component (i.e. pipe and stone, chambers, drip ...etc.)

ACKNOWLEDGMENT:

I warrant that the household sewage treatment system will be installed in accordance with Ohio Administrative Code (OAC) 3701-29 and all applicable rules, design and/or engineered specifications and that an as-built record will be prepared and submitted for this system.

INSTALLER SIGNATURE		
Print Name	Phone Number	
Signature	Date	Registration #



Public Health
Prevent. Promote. Protect.

Mahoning County
District Board of Health
50 Westchester Drive • Youngstown, Ohio 44515

(330) 270-2855
Laboratory Services (330) 270-2841
Tuberculosis Clinic (330) 744-4246
Nursing FAX (330) 270-2860
Environmental FAX (330) 270-2859
www.mahoninghealth.org

Household Sewage Treatment System Affidavit

Acknowledgement of regulations for operation and maintenance of a HSTS in Mahoning County and disclosure of all HSTS information to the owner and/or subsequent owners:

1. A household sewage treatment system must be properly installed meeting state and local regulations. The Board of Health is not responsible for its operation.
2. A household sewage treatment system must be maintained in accordance with the approved design, operating permit requirements, and state and local regulations.
3. No household sewage treatment system shall be installed, maintained or operated on property accessible to a sanitary sewer system. Whenever a sanitary sewer system becomes accessible to the property the household sewage treatment system must be abandoned and the dwelling must be connected to the sanitary sewer system.
4. Ownership of a dwelling served by a household sewage treatment system should not be transferred unless the system has been inspected by the Board of Health.
5. The Board of Health has the authority to access the property at any reasonable time to ensure compliance with state and local regulations.
6. Off-lot discharging and experimental (by variance) household sewage treatment systems and holding tanks will be evaluated annually by the Board of Health, and the owner shall pay a fee for this evaluation.
7. The owners of an on-lot household sewage treatments system that have a pretreatment component may be required to a maintain service contract with an authorized service representative registered by the Board of Health.
8. The owners of an off-lot discharging household sewage treatment system are required to maintain a service contract with an authorized service representative registered by the Board of Health.
9. Any National Pollutant Discharge Elimination System (NPDES) permit issued for a household sewage treatment system must be maintained/renewed for the life of the household sewage treatment system.
10. Information regarding the household sewage treatment system operation and maintenance should be disclosed to subsequent property owners.

Print Owner's name

Owner's signature

Date

