



Permit # \_\_\_\_\_

11660 Upper Gilchrist Rd.  
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200  
Fax 740-392-9613**PERMIT TO INSTALL A SEWAGE TREATMENT SYSTEM****Fee: \$393 for New System - \$338 for Alteration****Fee: \$432 for New Small Flow Sewage Treatment System - \$376 for Alteration**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Address \_\_\_\_\_ Twp/Village \_\_\_\_\_  
House # \_\_\_\_\_ Street/Road \_\_\_\_\_

Registered Installer \_\_\_\_\_

**PRIMARY TREATMENT**☐ Septic Tank \_\_\_\_\_ gal.☐ Privy \_\_\_\_\_ gal.☐ Other \_\_\_\_\_**SECONDARY TREATMENT**☐ Leach Field \_\_\_\_\_☐ Mound \_\_\_\_\_☐ Drip \_\_\_\_\_**EFFLUENT TO**☐ Soil absorption

I hereby apply for a permit to install/alter, and to operate the sewage treatment system designated above. I certify that the information provided above is correct. I accept any conditions stated below. I agree to install, operate and maintain the system in accordance with State of Ohio O.A.C. Chapter 3701-29. This permit indicated approval of the system based on conditions observed on the date of the inspection only. It does not in any way guarantee the system will continue to function as designed in the future and that the inspection and approval of the system do not guarantee that the system will not fail in the future. **This permit expires 1 (one) year from the date issued if the sewage treatment system has not been installed before this time.**

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**Office Use Only**

Date Rec'd. \_\_\_\_\_ Fee Pd. \$ \_\_\_\_\_ Receipt# \_\_\_\_\_ By \_\_\_\_\_

Sanitarian Evaluation: ☐ Permit to install approved Date \_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_ is granted this permit to install the sewage treatment system  
specified above to treat sanitary waste generated at: \_\_\_\_\_.

This permit is issued with the following conditions:



Note: Not valid without official audit number attached

Date issued \_\_\_\_\_

\_\_\_\_\_  
Health Commissioner