



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: \$315 for New System - \$275 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