

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 expires 1 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