



ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON STREET
JEFFERSON, OHIO 44047
440-576-6010 FAX 440-576-5527

PERMIT PROCESS

Site Evaluation The hours are 8 - 10 a.m. for Sanitarian approval of paperwork for site evaluation.

1. A \$150 non-refundable fee is required. Items required at time of application: (1) Survey Map supplied by one of the following: Survey drawings of proposed lot (new or lot split) from your surveyor or Survey Map of existing lots dating back to 1997 from County Engineers Office (576-2816) or Tax map of existing lots created prior to 1997 from Auditor's Office (576-3691); (2) Current or Newly Created Deed available at Recorder's Office (576-3762); (3) and if applicable, Legal Survey Description.
A sewage treatment site evaluation is good for five (5) years from date of issuance.
2. Put tall stakes with flags at the front corners of your lot.
3. Stake out the four corners of your proposed house site. All stakes should be at least three (3) feet or higher than any vegetation. Stake proposed sewage system location and proposed replacement area.
4. Health Department conducts site evaluation of proposed lot.
5. Property owner must submit detailed site and soil evaluation of proposed lot by qualified site and soil evaluator and a home sewage treatment system design report from a home sewage treatment system designer.
6. Health Department will review reports to determine if the home sewage treatment system complies with home sewage treatment system regulations.
7. Wait for reply. The Health Department will mail inspection results to you and requirements necessary to purchase further permits from this office.

Home Sewage Treatment System Permits The hours are 8 - 10 a.m.

1. A New home sewage treatment system permit will cost \$429. Replacement permit of an existing home sewage treatment system will cost \$354. Alteration Permit of an existing home sewage treatment system will cost \$315. The hours are 8 - 10 a.m. to have a home sewage treatment system permit drawn up.
2. You will need to provide a house number, zoning permit (if necessary), floor plans and a current deed if not provided at the time of the site inspection.
3. **Home Sewage Treatment System permits expire one year after date of issuance.**

Well/Pond Permits The hours are 8 - 10 a.m.

1. A well permit costs \$290. The permit can be issued to the home owner or the well driller. Please be sure that the well driller is not including the permit for you in his costs before you purchase one on your own. The hours are 8 - 10 a.m. to receive sanitarian approval.
2. Pond permits require additional drawings of pond layout which is necessary before issuing a permit.
3. The well/pond permit is good for one (1) year.

Plumbing Permits The hours are 8 - 9:30 a.m.

1. A residential permit requires a schematic drawing of all plumbing and venting to be completed in the home. The hours are 8 - 9:30 a.m. to receive plumbing approval for a permit.
2. Properties on sanitary sewers require tap-in permit.
3. The cost of the residential plumbing permit is \$75.00 for the permit and \$10.00 per fixture. The plumbing inspectors will do a fixture count from the schematic drawing provided.
4. The plumbing permit is good for one (1) year.

A HOME SEWAGE TREATMENT SYSTEM PERMIT AND PLUMBING PERMIT ARE REQUIRED TO GET A BUILDING PERMIT



Ashtabula County Health Department
12 West Jefferson St.
Jefferson, Ohio 44047
440-576-6010 Option 3

Variance Request # _____
Receipt Number _____
Fee Paid _____
Date Paid _____

VARIANCE REQUEST FORM

- Note:**
- 1. All variance requests must be submitted in complete form seven (7) days prior to the Ashtabula County Board of Health meeting. The cost is \$ 75.00.**
 - 2. Variance approval must be executed within two (2) years of the date that a variance is granted. Variance approvals not executed within two (2) years of the date that the variance was granted become null and void.**

Name of Requestor: _____

Mailing Address of Requestor: _____

Telephone Number of Requestor: _____

Name of Property Owner Requesting Variance: _____

Type of Variance Request: _____

Describe Nature of Variance Request: _____

Location of Variance Request (street address and directions to property): _____

Has applicant provided a sketch of property depicting variance request?

_____ Yes _____ No

Has applicant provided a letter to Ashtabula County Health Department which states rationale for variance request?

_____ Yes _____ No

OFFICE USE ONLY

Sanitarians Signature

Date of Variance Request

Board of Health Decision:

Approved with conditions

Approved

Disapproved

Health Commissioners Signature



ASHTABULA COUNTY HEALTH DEPARTMENT
12 West Jefferson Street
Jefferson, OH 44047
(440) 576-6010

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING BUSINESS
IN THE ASHTABULA COUNTY COMBINED HEALTH DISTRICT**
(Registration expires December 31st of each year. Registration fee is \$ 100.00 annually.)

**Business Name or
Plumbing Installer:** _____

**Contractor's or
Installer's Address:** _____
Street Address City State Zip

BUSINESS PHONE NUMBER: _____ **Cell Phone:** _____

STATE LICENSE NUMBER: _____ **EXPIRATION DATE** _____

I agree to comply with all sections of the Ohio Plumbing Code (Chapter 4101:2-51 Ohio Administrative Code), as adopted by incorporation by reference by the Board of Health of the Ashtabula County Combined Health District, Ashtabula County, Ohio (effective October 2, 1967), and acknowledge that my name may be removed from the register for violation of any sections of the code.

Make sure you **submit a copy of your State Of Ohio Plumbing Contractor's License**; should you also have an Ohio State Backflow Tester License please include so you will be added to our Water Purveyors Testers List.

**State of Ohio Tester
Backflow Certification: # OH** _____ **EXPIRATION DATE:** _____

Signature: _____

Print Name: _____

Home Address: _____

Email: _____

FOR OFFICE USE ONLY

DATE: _____

REGISTRATION NO.: _____

RECEIPT NO.: _____

CHECK NO.: _____

AMOUNT PAID: _____

***100.00 Annual fee must accompany signed application
along with a copy of your current State of Ohio license.**

**MAKE CHECKS PAYABLE TO: ASHTABULA
COUNTY HEALTH DEPARTMENT OR ACHD**



Ashtabula County Health Department
12 West Jefferson St.
Jefferson, Ohio 44047
440-576-6010 Option 3

**APPLICATION FOR A REGISTRATION TO
INSTALL HOUSEHOLD SEWAGE TREATMENT SYSTEMS**

Application is hereby made to the Ashtabula County Health Department, Jefferson, Ohio, for a registration to install private sewage treatment systems in the Ashtabula County Combined Health District, in compliance with the regulations of the Ashtabula County Board of Health.

The applicant hereby agrees to adhere to all the regulations of the Board of Health relating to the installation of private sewage treatment systems and understands that any violation of these regulations is sufficient cause for revocation of the registration and prosecution, as provided by law.

The applicant also agrees to refrain from installing or doing any part of the work of any installation unless an installation permit has first been obtained.

COMPANY NAME: _____

COMPANY ADDRESS: _____
_____ County _____

COMPANY PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____

PRINT APPLICANT'S NAME: _____

DATE: _____ EMAIL: _____

Minimum \$40,000 surety bond with the Ohio Department of Health (ODH) and Power of Attorney required for registration.*Home sewage treatment system installers that are also registered and bonded as a service provider may carry a \$15,000 bond with the Ohio Department of Health as a service provider (Submit copy of surety bond)

Name of Surety Company _____

Address of Surety Company _____

Telephone Number of Surety Company _____

Submit copy of Certificate of Completion of ODH Sewage Treatment System Contactor's Test for New Registrations. For Renewal Registrations, submit copies of (6) CEU certificates obtained in the year prior to registration year starting with 2016 registration year. Submit copy of Certificate of Liability Insurance (no less than \$500,000 coverage) with ASHTABULA COUNTY HEALTH DEPARTMENT listed as Certificate Holder.

\$150.00 Registration Fee. Check made payable to Ashtabula County Health Department or ACHD.

Office Use Only	
Date:	_____
Registration No.:	_____
Receipt No.:	_____
Check No.:	_____ Amount _____

Your Company must be listed on the Ohio Department of Health (ODH) Bonding List on the ODH Website before Registration in the Ashtabula County Health District can be processed by the Ashtabula County Health Department.



Ashtabula County Health Department
12 West Jefferson St.
Jefferson, Ohio 44047
440-576-6010 Option 3

Registration No. _____

APPLICATION FOR SEPTAGE HAULERS REGISTRATION

APPLICANT'S NAME _____ PHONE _____

ADDRESS _____

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____ COUNTY _____

EMAIL _____

LIST OTHER CITIES OR COUNTIES WHERE COMPANY IS REGISTERED

METHOD OF DISPOSAL (Please Check):

1. Public Sewage System _____

Name & Location of Sewage Treatment System Plant(s) _____

2. Surface Application _____ 3. Subsurface Application _____ A. Injection _____

NUMBER OF TRUCKS WORKING IN ASHTABULA COUNTY: _____

EQUIPMENT SPECIFICATIONS

Truck Brand Name	Volume	Truck License Number	Truck Body Color	Type of Application Device (spreader, injector, etc.)

DO YOU USE TEMPORARY SEPTAGE HOLDING LAGOONS? YES ___ NO ___

If yes, give location, size and type of temporary septage holding lagoon _____

Location of septage land application/injection application site: _____



Application is hereby made to the Ashtabula County Health Department, 12 West Jefferson St., Jefferson, Ohio 44047 for registration to engage in cleaning of sewage tanks.

The applicant hereby agrees to adhere to all the regulations of the Board of Health pertaining to the above service and understands that any violation of these regulations is sufficient cause for revocation of the registration and prosecution, as provided by law.

APPLICANT'S SIGNATURE

DATE

HEALTH COMMISSIONER'S SIGNATURE

Application Approved

Date

Application Disapproved

Date

Septage Hauler Registration fee for the primary septage hauling vehicle is \$100.00,
Plus \$80.00 for each additional septage hauling vehicle.

If registration is not renewed by January 1st, \$180.00 for primary septage hauling vehicle,
Plus \$140.00 for each additional septage hauling vehicle.

Submit a copy of your most recent completed Septage Hauler Truck Inspection Report form to the Ashtabula County Health Department. Contact the Ashtabula County Health Department at 440-576-6010 Option 3 between 8:00 a.m. and 10:00 a.m. if you need to make arrangements to have your septage hauling vehicles inspected by the Ashtabula County Health Department.

FOR OFFICE USE ONLY

Date _____

Registration Number _____

Receipt Number _____

Check Number _____

Amount _____

Your Company must be listed on the Ohio Department of Health (ODH)

Bonding List on the ODH Website before Registration in the Ashtabula

County Health District can be processed by the Ashtabula County Health

Department.



Ashtabula County Health Department
12 West Jefferson St.
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HOME SEWAGE TREATMENT SERVICE PROVIDER REGISTRATION
APPLICATION FORM

Name of Service Provider: _____

Company Contact: _____

Telephone Number: _____ Email: _____

Address of Service Provider: _____

_____ County _____

Minimum \$25,000 surety bond with the Ohio Department of Health (ODH) and Power of Attorney required for registration. *Service Providers that are also registered and bonded with the Ohio Department of Health as home sewage treatment system installers may carry a \$15,000 bond as a service provider. (Submit copy of Surety Bond)

Name of Surety Company _____

Address of Surety Company _____

Telephone Number of Surety Company _____

Submit copy of Certificate of Completion of ODH Sewage Treatment System Contactor's Test for New Registrations. For Renewal Registrations, submit copies of (6) CEU certificates obtained in the year prior to registration year starting with 2016 registration year. Submit copy of Certificate of Liability Insurance (no less than \$500,000 coverage). ASHTABULA COUNTY HEALTH DEPARTMENT listed as Certificate Holder.

\$150.00 Registration Fee. Check made payable to Ashtabula County Health Department or ACHD.

I understand and agree to comply with all applicable provisions of the Ohio Sewage Treatment Rules contained within Chapter 3701-29 of the Ohio Administrative Code. I also understand and agree to comply with all Home Sewage Treatment Regulations of the Ashtabula County Health Department. I understand that my service provider registration may be revoked or suspended by the Ashtabula County Health Department for my failure to comply with all applicable provisions of the Ohio Sewage Treatment Rules (Chapter 3710-29 of the Ohio Administrative Code) and with the Home Sewage Treatment Regulations of the Ashtabula County Health Department.

Service Provider Signature _____

Date _____

OFFICE USE ONLY
Date: _____
Registration No.: _____
Receipt No. _____
Check No. _____ Amount _____

Your Company must be listed on the Ohio Department of Health(ODH) Bonding List on the ODH Website before Registration in the Ashtabula County Health District can be processed by the Ashtabula County Health Department.