



**Public Health**  
Prevent. Promote. Protect.

Tuscarawas County  
Health Department

# Sewage Treatment System Design & Site Review Application

The Tuscarawas County Health Department provides information to assist homeowners in obtaining and installation permit for a sewage treatment system.

To receive Sewage Treatment System (STS) design drawing approval, this application along with the drawing design must be submitted to our agency. A sanitarian will review the plan to ensure that it meets current regulations. This office will review the plan and schedule an appointment for a site review once it has been paid for.


There are private companies and certified soil scientists listed on our website who will provide the services needed to complete your application.



## Who do I need to contact?



- Certified Soil Scientist
- Sewage System Designer
- Registered Installer

## How do I get started?

1. Contact a certified soil scientist to have a soil evaluation completed.
2. Select and provide the soil evaluation to a sewage system designer to have a sewage treatment system designed.
3. Submit the attached sewage system design review application and fee to this office once the design is available for review.
4. The office will review design plan. If there are issues with the design the process may be delayed.
5. When the plan has been approved, you will receive notice of approval via the mailing address provided.
6. Before construction or installation of the STS, you must complete an application for an installation permit. Installation permits are valid for 1 year from date of application
7. Contact a registered installer.

 897 E. Iron Ave.  
Dover, OH 44622

 (330) 343-5555  
 (330) 343-1601

 [www.tchdnow.org](http://www.tchdnow.org)  
 [director@tchdnow.org](mailto:director@tchdnow.org)



# Application

Property Information		
Owner/Applicant:	Township:	
Mailing Address:	City:	Zip Code:
Email:	Phone Number:	
Property Address:		
Township:	Water Supply (city, well)	
Type of Home:	Single Family	Multifamily Other
Bedroom #	Tax Parcel ID #:	
Acreage:		
Design and Site Review (check only one)		Fee:
<input type="checkbox"/> New Installation <input type="checkbox"/> Replacement		
<p><b>Note: HSTS design and site review must be submitted and approved prior to submitted and application and fee for installation.</b></p>		



**Additional Information:**

1. Once you have obtained a soil evaluation and decided on a sewage treatment system design of your choice as permitted of your proposed site, provide copies of both and submit with this application
2. Application shall be filled out completely
3. An approval shall not be granted unless the sewage treatment installation design and site can conform to the rules of the Ohio Department of Health governing such installation (OAC 3701-29)
4. Design and site approval expires 5 years from date of application
5. Refunds are not permitted

**This application will not be processed unless accompanied by the required fees.**

**Owner/Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\*\*Health Department Use Only\*\*\*\*\***

Received By:	Date:
Total Fee:	Receipt #:

**Notes:**

\_\_\_\_\_ **Approved** \_\_\_\_\_ **Disapproved** \_\_\_\_\_ **Incomplete**

**Sanitarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sanitarian Email:** \_\_\_\_\_

