



Household Sewage Treatment System (HSTS) Operation Permit

The information below must be filled out, signed at the bottom of the form and returned with the \$40.00 fee to this office.

Owner Name: _____ **Phone Number:** _____

HSTS Address: _____

Mailing Address: _____

Email Address: _____

**IN COMPLIANCE WITH THE OHIO HOUSEHOLD SEWAGE TREATMENT
SYSTEM (HSTS) RULES 3701-29-01 TO 3701-29-23 OF THE OHIO
ADMINISTRATIVE CODE (OAC) AND ALL OTHER RESOLUTIONS AND RULES
ADOPTED BY THE ATHENS CITY- COUNTY BOARD OF HEALTH (ACCBH):**

I/We understand the Athens City County Health Commissioner, or his designee may enter the property and inspect the HSTS or any part thereof at any reasonable time. I further agree to comply with the OAC Chapter 3701-29 for all inspections, service contracts, and system sampling, as required.

I/We acknowledge this permit expires five (5) years from the date of the original permit issuance as outlined in the ACCHD Supplemental Sewage Rules approved by the ACCBH. Upon expiration of this permit, the homeowner will be required to obtain a new permit to operate this HSTS. All operational inspections of the HSTS will be conducted by a qualified employee of the Athens City-County Health District (ACCHD). **This permit fee does not cover annual service contract inspection fees or lab testing fees if required.**

Owner Signature: _____

Office Use Only:

STS Type: _____

Permit #: _____ **Date Issued:** _____ **Receipt:** _____ **REHS:** _____

James Gaskell, MD
Health Commissioner

Jack Pepper, RS
Administrator



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