



Inspection Application \$110

Installation/Repairs/Additional Site Inspection

For Office Use Only

Fee Paid \$ _____ Receipt # _____ Date _____ APD# _____ Received by _____

APPLICANT TO FILL OUT ALL SECTIONS AND SIGN/DATE BELOW

Location of Site: _____ **Township/Village/City:** _____

System Type: Household Sewage Treatment System (HSTS) or Small Flow Onsite STS (SFOSTS)

Inspection is for: Site Inspection (Permit # _____) or Repair

FOR REPAIRS ONLY

Repair of:

Distribution Box(es)

Drop Box(es)

Sample Well

Discharge Line (20 ft +, same location)

Building Sewer (20 ft +, same location)

Pump Basin

Relocate Discharge Line*

Relocate Build Sewer*

Add Building Sewer*

Distribution Piping in the Media*

***THIS REPAIR REQUIRES PRE-AUTHORIZATION FROM HCPH PRIOR TO SCHEDULING WORK;
A SITE & ELEVATION PLAN MUST BE INCLUDED WITH THIS APPLICATION**

Registered Contractor Information **Name:** _____ **Phone:** _____

Full Mailing Address: _____

Description of the work to be inspected: _____ **Email:** _____

Empty box for description of work to be inspected.

By signing below, I agree to follow all laws, rules, standards, and policies of Hamilton County Public Health and the State of Ohio.

Contractors Signature _____ Date _____

Approved Final Inspection does not guarantee the life or performance of the sewage system.

***For repairs that require a site review:** A SITE REVIEW WILL OCCUR WITHIN 5 BUSINESS DAYS BY A REGISTERED SANITARIAN. ONCE THE APPLICATION IS APPROVED, A PRECONSTRUCTION CONFERENCE MAY BE REQUIRED AT THE SITE WITH CONTRACTOR PRIOR TO COMMENCEMENT OF WORK. WORK MAY NOT BEGIN UNTIL THE APPROVAL IS RECEIVED IN WRITING TO THE CONTRACTOR. Failure to follow application conditions may subject installer to civil or criminal action, or other legally authorized remedies.

Application Conditions/Sanitarian Comments:

Sanitarian's Signature _____ Date _____ Work: Approved Disapproved Initials _____