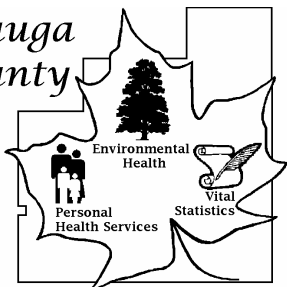


Geauga
County



Health
District

Homeowner Request to Install A Household Sewage Treatment System

Under Section 3701-29-03-B of the Ohio Administrative Code, I am requesting to install a household sewage treatment system, which was previously approved by the Geauga County Board of Health.

There is written documentation of the household sewage treatment system approval from the Geauga County Board of Health dated _____.

_____ I acknowledge that the new household sewage treatment system rules became effective
(initials) January 1, 2007, and there are other types of sewage treatment system options available.

I, the property owner of _____ request to install a household sewage
treatment system of the following design at this address.
Address and/or Parcel Number

_____ Gallon Septic Tank(s)
Quantity Size of Tanks

_____ NSF40 Class 1 Home Aeration Unit _____ Gallons Per Day

_____ Sewage Effluent Lift Station (Minimum 150 gallons)

_____ Curtain Drain (8" min wide X 36" deep)
Degrees

_____ Lineal Feet of Leach Trench (18" wide X 18" deep)
Feet

_____ Lineal Feet of Leach Trench (18" wide X 12" deep)
Feet

_____ Lineal Feet of Infiltrator (18" wide X 15" deep)
Feet

_____ Lineal Feet of Infiltrator (18" wide X 12" deep)
Feet

Per Drawing Dated _____ Estimated Cost _____

Signature of Property Owner

Print Name of Property Owner

Property Owner Current Mailing Address

Ownerrequest 9/2007