



P.O. Box 309 • 7360 State Route 45 • Lisbon, Ohio 44432 • (330) 424-0272  
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Fee: \$176.00

**Application for a New/Existing Septage Site Permit**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Operator's Mailing Address: \_\_\_\_\_

Land Application Methods to be used: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Property Owner Signature: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Location: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Township: \_\_\_\_\_

Type of vegetation on the site: \_\_\_\_\_

Expected crop yield, if applicable: \_\_\_\_\_

**The following additional information must be submitted with this application:**

1. Written permission from the property owner to land apply septage and information on the presence of any field tile, ditches, storm sewer systems, streams, or other drainage conveyances within the proposed land application site.
2. Information from an order two soil survey indicating that the site has a slope no greater than eight per cent, has at least three feet of soil above -ground water, bedrock, rock and other fragments, and is free of conditions that could allow land application of septage to cause contamination of ground water or run off to surface waters.
3. A map of the property showing the property lines, any dwellings, bodies of water and water source locations (including those of adjacent properties).
4. Results of a nitrogen, phosphorus, pH and heavy metals test conducted from the soil at the proposed land application site.

**I agree to notify the Columbiana County Health Department immediately should there be any change in the above information. My registration may be revoked for any violation of the 3718 of the Ohio Revised Code, 3701-29 of the Ohio Administrative Code and 40 C.F.R. 503.**

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Health Department Use Only**

Permit Approved: \_\_\_\_\_ Permit Disapproved: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Permit Number: \_\_\_\_\_