



SUMMIT COUNTY HEALTH DISTRICT

1100 Graham Road Circle • Stow, Ohio 44224-2992 • 330-926-5600 • Fax 330-923-6436

NOTIFICATION OF ABANDONMENT For a Sewage Treatment System(STS)

Job Site Address:	Zip Code:	Parcel I.D.:
Owner's Name:	Township/Village/City:	
Owner's Mailing Address:	Phone:	

Abandonment of:	FEE:
<input type="checkbox"/> Single family, two family or three family dwelling	\$85
<input type="checkbox"/> Small flow onsite sewage treatment system	\$85
<input type="checkbox"/> Semi-public wastewater treatment system	\$85

Project Information:

Demolition of dwelling/commercial structure If connection to sanitary sewer system, indicate the system being connected to:

Connection to sanitary sewer

Other, explain:

Water Source: "City" water Private Water System (Well Cistern Hauled Water Storage Tank Spring)

If the private water system is to be abandoned as well, a private water system abandonment permit is required.

If a private water system exists, is it being maintained as the:

Potable water system

Non-potable system for irrigation or non drinking use

Abandonment Contractor (Company name, address and phone #):	List the manner in which the components were abandoned:
Septage hauler name:	
Date pumped: (receipt to be attached or provided once completed):	

I certify that the abandonment has been conducted or will be conducted in compliance with the STS rules in Chapter 3701-29 of the Ohio Administrative Code and section 816.045 of the SCHD Environmental Health Code. Application fee is non-refundable.

Signature of Owner or Contractor: _____ **Date:** _____

Health District Use Below This Line:

Date Received:	<input type="checkbox"/> Discharging System
Date pumping receipt received:	
Date of field inspection:	
Inspector's Signature:	<input type="checkbox"/> Under a current NPDES permit
	<input type="checkbox"/> Notice sent to Ohio EPA of abandonment
	Date:

The purpose of this form is to assure that the abandoned of sewage treatment systems is completed properly so as not to create a future safety or public health risk. The field inspection is to corroborate the application information, but is not capable of verifying the total and proper abandonment of all STS structures. Therefore; the applicant accepts responsibility for and certifies that all work will be done in accordance with EHC 816.045

Abandonment Requirements

Abandonment requirements may be found in the Summit County Environmental Health Code section:

816.045 ABANDONMENT OF A HSTS.

When a dwelling which utilizes a HSTS is razed or is connected to sanitary sewer, the owner shall obtain a HSTS abandonment permit and abandon the HSTS by:

- (a) Contracting a registered liquid waste hauler to completely pump the septic tanks, leach pits, lift stations, and distribution boxes.
- (b) Spreading the contents of one 50 pound bag of agricultural lime on the bottom of the tanks and leaching pits.
- (c) Breaking and collapsing the lid and at least one side of tanks and leaching pits.
- (d) Filling the septic tanks with either native soil or granular material to the surface of the ground.
- (e) Distribution boxes shall have their lids removed and be filled with native soils or granular material.
- (f) Electrical wiring shall be disconnected according to all applicable codes.