

MEMORANDUM OF UNDERSTANDING
for
IMPLEMENTATION
of
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT COVERAGE
for
SELECTED NEW, REPLACEMENT and/or UPDATED HOUSEHOLD SEWAGE
TREATMENT SYSTEMS
(NPDES Permit No. OHK000002)

This Memorandum of Understanding (MOU) is entered into by the Ohio Environmental Protection Agency, the Ohio Department of Health, and the _____ Health District. This MOU shall become effective on the date identified at the end of this MOU and shall remain in effect until midnight on January 31, 2017.

I. Purpose: Any activity that discharges pollutants to waters of the state, including discharging household sewage treatment systems (HSTS), is subject to federal and state rules and regulations pertaining to the discharges associated with those activities. In Ohio, the regulatory authority for discharging HSTS is divided between two state agencies and local health districts: (1) the Ohio Environmental Protection Agency (Ohio EPA) implements the National Pollutant Discharge Elimination System (NPDES) permitting program in Ohio by reviewing and issuing discharge permits pursuant to Ohio Revised Code (ORC) 6111.03 and state rules adopted thereunder, (2) the Ohio Department of Health (ODH) oversees and ensures the local implementation of ORC Chapter 3718 and Ohio Administrative Code (OAC) Chapter 3701-29 [Sewage Treatment System (STS) Rules], and (3) local health districts administer and issue permits for siting, design, installation, operation and maintenance (O&M), and abandonment of STS, including discharging HSTS.

The purpose of this Memorandum of Understanding is to define roles and responsibilities and create a working relationship between all of these regulatory jurisdictions in order to provide the best service to the citizens of the state of Ohio while insuring that all rules, regulations and laws related to the HSTS General NPDES Permit are properly implemented and that the health and welfare of the environment and public are fully supported.

II. Local Health District Roles/Responsibilities: The local health district having jurisdiction shall be the primary contact with homeowners or property owners for implementation of the HSTS program, including recommending that a person obtain and comply with an NPDES permit for discharging systems. In performing this role, the local health district shall provide sufficient oversight to insure proper implementation of this NPDES permitting activity in accordance with OAC Chapter 3701-29. As part of this oversight, local health districts shall, at a minimum:

1. Implementation of, at a minimum, the siting, design, installation, O&M, inspection and oversight procedures to enforce the standards and criteria established under

ORC Chapter 3718 and any rules adopted under that chapter (namely, OAC Chapter 3701-29: Sewage Treatment System Rules);

2. Perform necessary and appropriate site and project reviews to determine that all criteria established under Part I, 2. "Limitations on Coverage," of the HSTS General NPDES Permit are met for each site covered by that permit;
3. Upon completion of site review and review of the HSTS design proposal, provide the home owner (or applicant) with a packet of information including the following:
 - A. A cover letter, with the specific address of the property pursuing coverage, outlining recommendations and the process to be followed to obtain coverage under the HSTS General NPDES Permit. The letter shall reference submission of the Notice of Intent (NOI) and appropriate fees to Ohio EPA and the fact that an installation permit cannot be issued until coverage under the HSTS General NPDES Permit is received from Ohio EPA. The cover letter will serve as the local health district's "Recommendation of Coverage" and must incorporate the following language:

"In accordance with OAC 3701-29, the site review indicates that the only feasible household sewage treatment system for your property is a system that will discharge to waters of the state. However, the local health district cannot issue an installation permit for this type of system until after you have received authorization for the discharge from the Ohio Environmental Protection Agency (Ohio EPA). In order to receive this authorization, you must sign the attached Notice of Intent, fill in the check number used and submit the completed Notice of Intent along with a copy of this letter and the application fee of \$200 in the form of a check made payable to "Treasurer, State of Ohio" to:

*Ohio Environmental Protection Agency
Office of Fiscal Administration
P.O. Box 1049
Columbus, Ohio 43216-1049*

Once coverage under this permit is received, the local health district may continue to work with you in finalizing approval for the system to serve your property. If you have any questions concerning these requirements you can call the Ohio EPA-Division of Surface Water at (614)644-2001."

- B. A copy of the substantially completed NOI specific to the property inspected/reviewed. The example NOI (Attachment A) highlights the sections of the NOI that must be completed by the local health district before it is submitted to the property owner for signature and submission

to Ohio EPA. The local health district can complete and print the NOI from the following website:

http://epa.ohio.gov/portals/35/documents/NOI_form2_fis.pdf

4. Issue an installation permit to residence/applicant only after coverage under the HSTS General NPDES Permit is granted by Ohio EPA;
5. Implement local health district program as appropriate to support proper operation and maintenance of systems to comply with conditions of the HSTS General NPDES Permit. The local health district shall evaluate compliance with the terms and conditions of the HSTS General NPDES Permit as part of determining whether a discharging HSTS complies with OAC Chapter 3701-29. The local health district shall insure that annual sampling information is received and reviewed to determine compliance with effluent limitations. As a guide to interpreting sample results, Ohio EPA has established the document entitled "Discharging Household Sewage Treatment System NPDES Sampling - Action Level Recommendations" which is available at the following website:
<http://www.odh.ohio.gov/odhPrograms/eh/sewage/npdes.aspx>
6. Provide property owners wishing to transfer coverage of the HSTS General NPDES Permit from one home owner to another based upon sale of a property with a copy of the "General Permit Coverage Transfer Application Form" available at the following website. Permit coverage is transferrable and there is no fee associated with said transfer:
http://epa.ohio.gov/portals/35/documents/xfer_app_fis.pdf
7. Maintain records related to implementation of this program. Records shall include, at a minimum, copies of "Recommendations for Coverage" cover letters, letters from Ohio EPA granting or denying coverage, sampling or monitoring reports required by permit, copy of service contracts and any other documents related to given site or residence;
8. Maintain electronic databases related to implementation of this program. Databases shall be maintained in order to provide any of the following: (a) a list of all sites receiving coverage, (b) a list of all sites receiving coverage over the calendar year, and/or (c) a list of all sites where property was transferred from one owner to another during a calendar year, if health district becomes aware of this transfer. Databases shall include, at a minimum: name, address, phone number of applicant and residence (if different), date of issuance of the "Recommendation for Coverage" and the date Ohio EPA granted coverage under the NPDES general permit, Ohio EPA Facility Permit Number (from authorization letter), dates sample data was received, name or identification of the stream receiving the discharge, type/model number of system installed and whether general permit coverage is for a new or replacement HSTS. The local health district may utilize their database/tracking program or one developed by

Ohio EPA.;

9. By March 1st of each calendar year, submit an annual report to the Ohio EPA-Division of Surface Water containing:
 - A. A self appraisal of program;
 - B. A copy of database identifying all sites receiving coverage for the previous calendar year;
 - C. A copy of database identifying all transferred property for the previous calendar year;
 - D. A copy of database identifying all properties that are no longer discharging or that are 1, 2 or 3 family dwellings for which the property is otherwise no longer eligible for coverage under the General NPDES Permit.

III. Ohio Environmental Protection Agency Roles/Responsibilities: The Ohio EPA is responsible for enforcing and implementing the NPDES permit program. However, through partnership with ODH and local health districts, Ohio EPA will perform the following:

1. For all NOIs received, make a decision granting or denying coverage within 5 working days of receipt from individual property/homeowners. The letter granting or denying coverage will be sent to the applicant with a copy submitted to local health district, ODH and, if appropriate, to the operator of the municipal separate storm sewer system (MS4);
2. Provide assistance to local health district and ODH as appropriate or requested. This may include enforcing conditions of General NPDES Permit against individual homeowners or those covered by permit as necessary;
3. Maintain records and databases of all letters and NOIs received and decisions made, as appropriate;
4. In the case of property transfers, grant general permit coverage to all new property owners within 5 days of receiving any "General Permit Coverage Transfer Application Form";
5. Issue notice of termination of coverage under the general permit to a permittee, if the permittee's discharge is eliminated or is no longer from a 1-, 2- or 3-family dwelling, within 30 days of receiving annual report;
6. Timely renew the general permit upon expiration and modify the permit as appropriate. Ohio EPA shall also notify each homeowner receiving coverage under the existing HSTS General NPDES Permit of the permit renewal requirements;

7. Provide notification to local health districts and ODH when Ohio EPA has not received any information or data required to be submitted under this MOU.

IV. Ohio Department of Health Roles/Responsibilities: ODH is responsible for overseeing local implementation of ORC Chapter 3718 and OAC Chapter 3701-29 (STS Rules) and ensuring that any discharging HSTS is permitted by a local health district in compliance with NPDES requirements. ODH shall:

1. Maintain records as appropriate;
2. Provide assistance to local health districts and Ohio EPA as necessary;
3. Include review of implementation of the HSTS General NPDES Permit program in its survey of local health districts. If it is determined by ODH that a local health district is not properly or adequately implementing the appropriate sections of OAC Chapter 3701-29, the requirements of this MOU, or the HSTS General NPDES Permit, ODH shall report these findings to Ohio EPA and this MOU may be terminated by agreement of Ohio EPA and ODH and the HSTS General NPDES Permit will no longer be made available for residences within the jurisdiction of that local health district.
4. In accordance with STS Rules, approve and list those treatment components/systems that meet NPDES effluent quality standards and the operation permit and operation and maintenance (O&M) provisions of OAC Chapter 3701-29.

V. Termination: In addition to termination pursuant to section IV.3. of this MOU, any party to this MOU may voluntarily terminate this MOU by giving written notice of such termination to the other parties at least thirty days prior to termination. On the effective date of such voluntary termination, the HSTS General NPDES Permit will no longer be made available for residences within the jurisdiction of that local health district.

_____, Health Commissioner, _____ (Local Health District)

_____, Director, Ohio EPA

_____, Director, ODH

Effective Date: _____

Initiated: _____

Attachment A:

Example NOI



Notice of Intent (NOI) For Coverage Under Ohio Environmental Protection Agency General Permit

Read accompanying instructions carefully before completing this form.

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized to discharge into state surface waters under Ohio EPA's NPDES general permit program. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. Forms transmitted by fax will not be accepted. A check for \$350 must accompany this form and be made payable to "Treasurer, State of Ohio."

I. Applicant Information/Mailing Address

Company (Applicant) Name: _____

Mailing (Applicant) Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

Contact E-Mail Address: _____

II. Facility/Site Location Information

Facility Name: _____

Facility Address/Location: _____

City: _____ State: **Ohio** Zip Code: _____

County(ies): _____ Township(s): _____

Facility Contact Person: _____ Phone: _____ Fax: _____

Facility Contact E-Mail Address: _____

Latitude: _____ Longitude: - _____ (Approximate Center of Facility)

Receiving Stream or MS4: _____

III. General Permit Information

General Permit Number: **OHK000002 Household Sewage Treatment Systems** Initial Coverage: _____ Renewal Coverage: _____

Existing NPDES Permit Number (if applicable): _____ Primary SIC Code: _____

Outfall	SIC Code(s)	Subsector	Federal Effluent Limitation (if applicable)	Latitude	Longitude
Example	2421	A1	Table EL.A - Discharges resulting from spray down or intentional wetting of logs at wet storage areas	40 15 35	- 80 41 22
001	_____	_____	_____	_____	_____
002	_____	_____	_____	_____	_____
003	_____	_____	_____	_____	_____
004	_____	_____	_____	_____	_____
005	_____	_____	_____	_____	_____

IV. Payment Information

Check #: _____

Check Amount: **\$200**

Date of Check: _____

For Ohio EPA Use Only

Check ID (OFA): _____ ORG #: _____

Rev ID: _____ DOC #: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____