### Permit-to-Install/Plan Approval Application
Onsite Sewage Treatment Systems

**FOR AGENCY USE ONLY**

<table>
<thead>
<tr>
<th>Application Number:</th>
<th>Date Received:</th>
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**Applicant:**

**Facility Owner:**

**Application/Plans Prepared by:**

**Project Name:**

1. If this is a modification of an existing system, please describe the existing system, listing the existing wastewater flow(s) and discussing how the existing flow(s) were determined (for example design flow, water use records, estimate, etc.):

2. **Design Basis**

   List the type of establishment proposed (office, church, retail store, etc.), the number of employees, seats, etc., and the corresponding sewage flow for each. Include existing flows discussed in Item 1 above, noting them as existing. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Type of Establishment</th>
<th>Type of Units (employees, seats, etc.)</th>
<th>Number of Units</th>
<th>Sewage Flow (gal/day)</th>
<th>Total (gpd)</th>
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   Refer to OAC 3745-42-05 for design flow requirements

3. If there is to be any development at this site, other than that specified above, explain what type, and provide a timeline for development.

4. **Are Central Sewers Available?**
   - [ ] Yes
   - [ ] No

   Distance to central sewers from property: ________________ feet

5. **Are there any floor drains at this facility?**
   - [ ] Yes
   - [ ] No

   If Yes, please describe intended use:

6. **The site consists of:**

   acres of predominately ________________ soil name(s).
   
   a. What is the limiting soil condition? ________________
   
   b. What is the depth to the limiting condition? ________________ inches
   
   c. What is the site slope? ________________
7. Septic Tank(s)
All dimensions should be shown on the detail plans as well as listed in the following table:

<table>
<thead>
<tr>
<th>Tank Number</th>
<th>Capacity (gallons)</th>
<th>Inside Tank Length (ft)</th>
<th>Inside Tank Width (ft)</th>
<th>Inside Tank Height (ft)</th>
<th>Water Height (ft)</th>
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8. Water Supply
a. Water supply  
   - Public  
   - Well
b. Nearest private water supply well location, proposed or existing:    (feet)
c. Are there any public water supply wells within 300 feet?  
   - Yes  
   - No

Show location of all water supply wells on plans.

9. Lift Station or Dosing Device
a. Overall tank inside dimensions:     Volume:     gallons
b. Working volume or dosing volume:     gallons
c. Number of pumps:       Pump size:     gallons/minute     TDH
d. Other device (for example siphon):    

10. Pretreatment
Is a pretreatment unit or device incorporated into design?  
   - Yes  
   - No
If Yes, please provide information:    

11. Drip Irrigation
a. Total lineal length of field:     feet
b. Number of zones:    
c. Total lineal length per zone:     feet
d. Daily wastewater load:     gpd
e. Basal loading rate:     gpd/ft²
f. Linear loading rate:     gpd/lineal foot
g. Soil permeability rate:     in/hr

12. Mound Systems (Note: All dimensions are to be shown on plans also)
a. Site Limitation: (check one)
   - Impermeable soil layer (soil or bedrock) 3-4 gpd/linear foot
   - Solid bedrock 3-4 gpd/linear foot
   - Seasonal high water table 3-4 gpd/linear foot
   - Semi-permeable soil layer 5-6 gpd/linear foot
   - Fractured compacted till 5-6 gpd/linear foot
   - Creviced/fractured bedrock 8-10 gpd/linear foot
   - Sand and/or gravel 8-10 gpd/linear foot
b. Daily wastewater load:     gpd
   - Linear loading rate: (*see above)     gpd/linear foot
   - Basal loading rate:     gpd/ft²
e. Sand fill loading rate:     gpd/ft²
f. Mound fill depth:     inches
g. Mound depths:     inches
h. Delivery pipe material specification:     diameter (in)
i. Manifold pipe material specification:     diameter (in)
j. Lateral pipe material specification:     diameter (in)
k. Total length of laterals     feet
m. Number of laterals:    
l. Number of observation tubes:    

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<tr>
<th>13. Leach Field</th>
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<tbody>
<tr>
<td>a. Total lineal length of field: ________________ feet</td>
<td>b. Total number of leach lines: ________________</td>
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<tr>
<th>14. Subsurface Sand Filter</th>
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<tbody>
<tr>
<td>a. Total sand filter area provided: __________ ft²</td>
<td>b. Number of filters: ________________</td>
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<th>15. Submittals:</th>
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<tr>
<td>This application must include the following unless otherwise directed by Ohio EPA:</td>
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<tr>
<td>☐ Four copies of the detail plans including site plan, vicinity map and detailed drawings of the project.</td>
</tr>
<tr>
<td>☐ Two copies of the specifications.</td>
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<tr>
<td>☐ One copy of soil evaluation report signed and stamped by a soils scientist.</td>
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<tr>
<td>☐ Two copies of the Application including Form A, pertinent B &amp; C form(s), and antidegradation addendum (if applicable)</td>
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<tr>
<th>16. The foregoing data is a true statement of facts pertaining to this proposed onsite sewage treatment system.</th>
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<tr>
<td>Date: __ / __ / __ Signed: _______________________________ P.E.</td>
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<tr>
<td>Plans prepared by: ________________________________________</td>
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