



Instructions for Division of Surface Water - Notice of Intent (NOI) for Initial Coverage Under Ohio Environmental Protection Agency General Permit for Household Sewage Treatment System (HSTS)

****IMPORTANT****

DO NOT COMPLETE THE NOI WITHOUT FIRST READING THESE INSTRUCTIONS.

What is a NOI Application Form?

NOI stands for Notice of Intent. It is a short and concise application form to request initial coverage under a general permit. The applicant must certify their intention to comply with a general permit by submitting a complete NOI. The application shall be submitted to Ohio EPA's Central Office.

Who Must File a NOI Application Form?

Any discharge of water, with certain exceptions for storm water, from a point source must be covered by a permit from Ohio EPA. Federal regulations at 40 CFR 122 and the Ohio Revised Code at section 6111.04 prohibit point source discharges to waters of the state without first obtaining a National Pollutant Discharge Elimination System (NPDES) permit. This includes discharging household sewage treatment systems.

Each applicant must meet the requirements found in the general permit regarding eligibility and applicability. **Do not** submit the NOI application form unless you meet **all** of those requirements.

These instructions may be used for coverage under the Household Sewage Treatment System (HSTS) General NPDES Permit.

Where to send a NOI Application Form

NOI must be send to the following address:

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

For any questions about the NOI Application Form please contact Ohio Environmental Protection Agency (Ohio EPA) Central Office Division of Surface Water at (614) 644-2001 or contact one of Ohio EPA's District field offices, whose contact information is in Attachment A.

****IMPORTANT****

Responses must be typewritten or printed legibly in the spaces provided. NOI transmitted by FAX will not be accepted. Incomplete NOI application forms, including those submitted without the application fee, will be returned to the applicant for resubmission.

Completing the Form

All responses must be type written or printed legibly in the appropriate areas only. Please place each character slightly above the appropriate line on the NOI application form. If necessary, abbreviate to stay within the space allowed for each item. Use only one space for breaks between words. Do not include any symbols or punctuation marks unless otherwise noted in these instructions. Each NOI application form must be accompanied by a check for payment of the \$200 application fee. **Be sure to read the instructions printed at the top of NOI application form before completing the form.**

PART 1 OF 2 - HOMEOWNER INFORMATION

I. Homeowner Information/Mailing Address

Homeowner Name: Fill in the legal name of the person, company, public organization, or other entity that owns the property or site described in this application.

Mailing Address: Enter the complete mailing address; including street address, city, state, and zip code. The permit and any correspondence will be mailed to this address.

E-Mail Address: Enter the homeowner's e-mail address, if available.

Phone: Provide the homeowner's phone as: area code exchange numbers.

II. Property Location Information (If different than above)

Property Address: Enter the Property's or site's complete physical address, including number and street, city, state, zip code, county.

III. General Permit OHK00003 Household Sewage Treatment System Information

Household Sewage Treatment System is for: Put an "X" mark in either Replacement of Failed Existing System box or in New Home Construction box, depending on what reason the NOI is being filled out for.

Has the Local Health Department Review Checklist Form been completed and included with this Notice of Intent (NOI): Put an "X" mark in the Yes or No box. A Local Health Department Review Checklist (the second page of the NOI) must be filled out by the Local Health Department personnel and sent in with the NOI application. Without the Local Health Department Review Checklist, the NOI is considered incomplete and permit cannot be issued until the review checklist is provided.

IV. Payment Information:

A check made payable to "Treasurer, State of Ohio" must accompany all NOI applications. The check number, check amount, and check date must be on the NOI to ensure complete processing. Provide dates as: month day year using two digits in each space (e.g. September 28, 1994 = 09 28 94); do not use symbols. The fee for the initial coverage under Ohio Environmental Protection Agency General Permit for Household Sewage Treatment system is \$200.

Certification

Type or print the name of the Homeowner and title of the person who will sign the form. Next, sign and date the form. The property owner is the **ONLY** signature that will be accepted on the NOI form. In cases of unavailability of the homeowner for various reasons, a person having power of attorney or other legal right to sign in place of the homeowner may sign the NOI and indicate their title in relationship to the homeowner. In cases of property owned by an organization/corporation a company representative that has the legal authority to sign for the company has the right to sign the NOI, and must state what their title is within the company. Federal and State statutes provide for severe penalties for submitting false information on this application form.

PART 2 OF 2 – LOCAL HEALTH DEPARTMENT INFORMATION (to be completed by the health department)

I. Property Information

Homeowner Name: Fill in the legal name of the person, company, public organization, or other entity that owns the property or site described in this application.

Property Address: Enter the Property's or site's complete physical address, including number and street, city, state, zip code, county.

II. Health Department Information

Local Health Department Name: Enter the health department name that conducted the review of the property.

Contact Person: Local Health Department person's name that completed the review of the property and filled out the review checklist form.

Local Health Department Contact Person E-mail Address: Health Department person's email that completed the review of the property and filled out the review checklist form.

Phone: Phone number of the contact health department person.

III. Property Review

A. Receiving Stream or MS4: If a facility discharges directly to natural receiving water(s), enter the name of the receiving water. Natural receiving water(s) can be defined as either, streams, rivers, lakes, swales and other natural waters or drainage courses. If the initial receiving water(s) does not have a name, then write as "unnamed tributary to" first subsequent water that has a name (e.g. an unnamed tributary to Ohio River). It is important that the name of the receiving water body where the discharge directly goes is listed. An MS4 is defined as "a conveyance that is owned or operated by a state, city, town, township, county, district, association, or other public entity that is designed or used for collecting or conveying storm water." To determine if the proposed discharge is to a MS4 area please reference US EPA Link:

<https://www.epa.gov/npdes/urbanized-area-maps-npdes-ms4-phase-ii-stormwater-permits>

B. Discharge Location Point: If a facility is not discharging directly to natural receiving water(s) or MS4, a location of discharge point needs to be filled out where the home sewage treatment system will be discharging to. This discharge point can be either manmade waters or drainage courses including roadside ditches, agricultural ditches, manmade swales or other manmade waters or drainage courses.

C. For all New, Updated or Replacement Systems (Answer All)

- **Are sewers available or accessible?**

Mark either “Yes” or “No”, depending on the availability of the sewers. If the property line is located within 400 feet of central sewers and it is determined that the publicly owned treatment works the sewer connects to has capacity to accept the connection and there are no physical, legal or financial barriers prohibiting such connection, then the property is not generally eligible for discharging HSTS system and should connect to the sewer. If it is determined that physical, legal or financial barrier exists preventing the connection, documentation of such by the local health department shall be included with the notice of intent application either in the Comments/Explanations section of the application or by a separate attached letter.

- **Was the lot created after January 1, 2007?**

Mark either “Yes” or “No”, depending on when the lot was created. Any lot that has been created after January 1, 2007 is not eligible for coverage under General Permit OHK000003 for Household Sewage Treatment System.

D. For Select New Systems When Soil Absorption Not Feasible (Answer All)

This section should only be filled out for new home construction property’s Notice of Intent. If the Notice of Intent is for replacement of failed existing system this section should be left blank.

- **Is the receiving stream defined as outstanding state waters, superior high quality waters or outstanding national resource waters, other than Lake Erie under OAC 3745-1-05 or to direct tributaries within 1 mile of these waters?**

Mark either “Yes” or “No”, depending on the receiving stream category. A System for New Construction is not eligible and should not be recommended to receive coverage under the General Permit OHK000003 for Household Sewage Treatment System if the discharge will enter outstanding state waters, superior high quality waters or outstanding national resources waters or direct tributaries within 1 mile of these waters. The definition of outstanding state waters, superior high quality waters and outstanding national resource waters and the list of designated waters can be found in Ohio’s Antidegradation Rule at the following link:

<http://epa.ohio.gov/portals/35/rules/01-05.pdf>

Table 5-4 list all waters that have been identified as Superior High Quality Waters

Table 5-5 and Table 5-6 lists all waters that have been identified as Outstanding State Waters

Table 5-7 lists all waters that have been identified as Outstanding National Resource Waters

- **Is the proposed discharge to waters of the state with a watershed drainage area of less than or equal to 5 square miles at the point of discharge?**

Mark either “Yes” or “No”, depending on what the watershed drainage areas is at the point of discharge. A System for New Construction is not eligible and should not be recommended to receive coverage under the General Permit OHK000003 for Household Sewage Treatment System if the watershed drainage area is less than 5 square miles at the point of discharge. The watershed drainage area can be calculated by using various interactive watershed map or Ohio EPA Water Quality Summary – 2014 Integrated Report at the following link:

<http://wwwapp.epa.ohio.gov/gis/mapportal/IR2014.html>

- **Is the proposed discharge to an MS4 not meeting standards established in the MS4 program's illicit discharge and elimination plan?**

Mark either "Yes" or "No", depending if the proposed discharge is to a MS4 not meeting standards established in the MS4 program's illicit discharge and elimination plan. The local health district can contact the MS4 program directly to discuss such applicability if the local health district is not aware of conditions in the program. Mark in "N/A" box if the proposed discharge is not in a MS4 area. A System for New Construction is not eligible and should not be recommended to receive coverage under the General Permit OHK000003 for Household Sewage Treatment System if the proposed discharge is to a MS4 area not meeting standards established in the MS4 program's illicit discharge and elimination plan. To determine if the proposed discharge is to a MS4 area please reference US EPA Link:

<https://www.epa.gov/npdes/urbanized-area-maps-mpdes-ms4-phase-ii-stormwater-permits>

E. Soils and Site Review

- **Has a Site and/or soil evaluation been conducted?**

Mark either "Yes" or "No", depending if site and/or solid evaluation has been done on the proposed property. Site review is required to be conducted for every proposed property according to Sewage Treatment System Rules in Ohio Administrative Code 3701-29. If a soil evaluation has not been conducted, information explaining why needs to be submitted with the NOI, either explaining in Comments/Explanation section of the NOI or by a separate attached letter.

F. Soils and On-Site System Evaluation (Answer All)

- **Is the site suitable for a septic tank or pre-treatment to gravity, Low Pressure Pipe or engineered drainage with soil absorption?**

Mark either in a "Yes" or "No", depending if the site is suitable for the above treatments. The above proposed treatment guidelines for evaluation can be found in Ohio Administrative Code Chapter 3701-29 Sewage Treatment System Rules.

- **Is the Site Suitable for a septic tank or pretreatment to mound?**

Mark either "Yes" or "No", depending if the site is suitable for the Mound Treatment system. Guidelines for mound treatment can be found in Ohio Administrative Code Chapter 3701-29-15 Appendix B.

- **Is the site suitable for a septic tank or pretreatment to drip distribution?**

Mark either "Yes" or "No", depending if the site is suitable for the Drip Distribution Treatment system. Guidelines for drip distribution treatment can be found in Ohio Administrative Code Chapter 3701-29-15 Appendix C.

- **Is the Site suitable for system designs that have been approved by the Director of Health under a Special Device Approval and the Homeowner agreed to utilize these technologies?**

Mark either "Yes" or "No", depending if the site is suitable for the Special Device treatment and the homeowner agrees to utilize the treatment system. Special Device Approvals can be found at Ohio Department of Health website at the following link:

<https://www.odh.ohio.gov/odhprograms/eh/sewage/Approvedsystemscomponents/Special%20Device%20Approvals.aspx>

- **Is there adjacent property owned by the homeowner suitable for supporting an on-site system and Homeowner agreed to utilize the adjacent property?**

Mark either “Yes” or “No”, depending if the proposed property has been evaluated for available adjacent property that could be utilized to support an on-site treatment system and the homeowner has agreed to utilize the adjacent property. If the homeowner has an adjacent parcel that is suitable for an on-site treatment system and the homeowner has agreed to utilize it, please follow OAC 3701-29-06(G)(4)(b) in site reconfiguration.

*** If you answered “Yes” to any of the questions in section C, D, or F, STOP: The project cannot be recommended for approval**

If any of the “Yes” boxes were checked in section C, D, or F on the Review Checklist Form then the proposed property in generally should not be recommended for a discharging home sewage treatment system. An NPDES home sewage treatment system should be approved only when all other options to have on-site treatment system have been evaluated and ruled out as suitable for the property.

If any of the “Yes” boxes area checked in section C, D, or F and the project is still recommended for a discharging home sewage treatment system then additional information must be provided in the **Comments/Explanation section or Additional documentation is provided in an attachment** and mark in the “Yes” box. The additional documentation and comments/explanations will be evaluated by Ohio EPA against the General NPDES Permit OHK000003 requirements and Ohio Department of Health Sewage Treatment System Rules as defined in Ohio Administrative Code Chapter 3701-29.

Local Health Department Personnel Name, Title, Local Health Department Personnel Signature and Date.

Fill in the Name of the Health Department Personnel that conducted the property review and filled out the Household Sewage Treatment System Review Checklist Form. The same person shall fill in their title with the Local Health Department, sign and date the Review Checklist Form.



Central Office
Lazarus Government Center
50 W. Town St., Suite 700
P.O. Box 1049
Columbus, OH 43215
(614) 644-3020

Northwest District Office
347 N. Dunbridge Rd.
Bowling Green, OH 43402
(419) 352-8461
(800) 686-6930

Northeast District Office
2110 E. Aurora Rd.
Twinsburg, OH 44087
(330) 963-1200
(800) 686-6330

Central District Office
Lazarus Government Center
50 W. Town St., Suite 700
Columbus, OH 43215
(614) 728-3778
(800) 686-2330

Southeast District Office
2195 Front Street
Logan, OH 43138
(740) 385-8501
(800) 686-7330

Southwest District Office
401 E. Fifth St.
Dayton, OH 45402
(937) 285-6357
(800) 686-8930

*Toll-free numbers are for citizens with questions or concerns about environmental issues.
The regulated community should use the business line for routine business.
Spills and emergencies should be reported to (800) 282-9378.*