

Operation Permit # _____



Jackson County Health Department

OPERATION PERMIT – Sewage Treatment System

OWNER OF SEWAGE TREATMENT SYSTEM: _____

SITE ADDRESS: _____

CITY: _____ ZIP CODE: _____

PERMANENT MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PHONE #: _____ E-MAIL ADDRESS: _____

I agree to operate and maintain this household sewage treatment system in accordance with sewage treatment system rules adopted by the State of Ohio (OAC 3701-29.)

After the health department approves the installation of a sewage treatment system in accordance with State law, the health department assumes no responsibility for the efficient operation, maintenance, and functioning of the sewage treatment system.

OWNER'S SIGNATURE _____ DATE _____

HEALTH DEPT. USE ONLY BELOW

ISSUED ON: _____ EXPIRES: 10 Years from date of final inspection