



Morgan County Health Department
4275 N St Rt 376 NW
McConnelsville, OH 43756
Phone: 740-962-4572
Fax: 740-962-3271

Sewage Treatment System Operation Permit

Operation Permit Issued for address:

System Type: _____ Service Contract Required: _____

In compliance with the Ohio Sewage Treatment System rules, 3701-29 of the Ohio Administrative Code, the Morgan County Health Commissioner or designee may enter the property at any reasonable time. Sewage Treatment System must be functioning as designed. All components must be operating properly (aerators, UV lights, pumps, etc.) and the system cannot be failing or creating a public health nuisance. It is further required to comply with regard to all inspections, service contracts, and effluent sampling.

Septic Permits issued after January 1, 2015 will be granted a ten-year operational permit initially without charge and to begin on the date of original septic permit issuance. Requirements for renewal include a \$25 filing fee and an inspection report (to demonstrate maintenance and compliance) once every ten years. Inspector may require tank to be pumped. Inspection reports shall be completed by registered sewage program contractors (pumpers, installers, service providers).

All real estate septic inspections performed after July 1, 2019 will require a ten-year operational permit along with a \$25 filing fee. It is further required to either have a pumping report/receipt less than five years old OR have tank pumped before inspection. Requirements for renewal are the same as above.

Upon future sale or transfer of this property, the new owners must be notified during the disclosure process this sewage system requires an operation permit. Failure to maintain and operate the sewage treatment system in accordance with chapter 3707-29 of the Ohio Administrative Code may result in the operation permit being suspended or revoked by the Board of Health.

I acknowledge and agree to the above terms –

Owner Name (print): _____ Owner Signature _____

Date Issued: _____ Date Expires: _____

Permit Fee Paid: _____ Permit Number: _____