



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
www.scph.org

Operation Permit Maintenance Requirements:

UNKNOWN

Homes that are not connected to sanitary sewer must have a household sewage treatment system (STS). The STS gathers all the wastewater from the home and treats it through various methods before returning the water to the environment. Summit County Public Health (SCPH) requires that these STS be functioning as designed. When these systems are not functioning properly, they create a public health nuisance and must be repaired or replaced to ensure that the wastewater from the home is adequately treated.

The operation permit program is designed to help ensure that the household STS in Summit County are functioning properly. When a home is designated as having an “Unknown” STS type, the property is believed to be served by a STS due to the lack of availability to sanitary sewer. To ensure accurate records, SCPH requires the following services be performed on your STS in this permit cycle:

1. Have STS type determined by a STS contractor registered with SCPH
2. Have STS identification report completed and submitted to SCPH

Frequency of Service: Once every 2 years

Permit Term: 2 years

Permit Renewal Fee: \$30.00

**PLEASE NOTE: SCPH does not provide these services.
A registered service provider or STS installer must perform these services.**

For additional information about the Operation Permit Program or to view a list of registered service providers, please visit the Water Quality page at www.scph.org or call 330-926-5600.



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SEWAGE TREATMENT SYSTEM (STS) IDENTIFICATION REPORT

Property Address: _____	Parcel ID: _____
Owner Name: _____	Inspection Date: _____

STS Type (please check one):

Discharging:

- Discharging filter bed
- Discharging aerator installed before 2007
- NPDES aerator installed after 2007

Pressurized:

- Septic tank to low pressure leach line
- Aerator to low pressure leach lines
- Filter bed to a mound
- Aerator to a mound
- Drip Distribution
- Spray irrigation

Evapotranspiration Lines (ET's):

- Filter bed to ET's
- Aerator to ET's

Leaching (traditional):

- Septic tank to leach well
- Septic tank to leach field / tile field
- Aerator to leach well
- Aerator to leach field / tile field

Other: (please describe)

Service Company: _____	Service Provider No: _____
Inspector Name: _____	Inspector Signature: _____

SCPH USE ONLY:

Operation Permit System Type:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Aerator | <input type="checkbox"/> Filter bed | <input type="checkbox"/> Septic to leaching |
| <input type="checkbox"/> Drip distribution | <input type="checkbox"/> Low pressure | <input type="checkbox"/> Spray irrigation |
| <input type="checkbox"/> ETs or pretreatment to leaching trenches | <input type="checkbox"/> NPDES | <input type="checkbox"/> Other |

Reviewer's Initials: _____	Employee Number: _____	Date: _____
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