

Ohio Department of Health and Sewage Treatment Systems Technical Advisory Committee

Application Form for Review of a Sewage Treatment System or Component under Ohio Revised Code Chapter 3718.04

*In accordance with ORC 3718.04(A), an application shall be submitted to the Ohio Department of Health (ODH) and the Sewage Treatment System Technical Advisory Committee for the use of a sewage treatment system (STS) or a component of an STS in Ohio that differs in design or function from systems or components the use of which is authorized in OAC Chapter 3701-29. To request an ORC 3718.04 review, complete this form and submit it with all applicable information in accordance with the **Application Instructions for Ohio Revised Code Chapter 3718.04 Sewage Treatment System or Component Review.***

Name of System or Component

List all model numbers

Approval Requested

Identify which standards are to be considered and list specific system configuration (treatment train)

- CBOD₅ (<25mg/L)/TSS Reduction (<30mg/L) _____
- 10,000 Fecal Coliform Standard (1 ft. soil depth credit) _____
- 1,000 Fecal Coliform Standard (2 ft soil depth credit) _____
- <200 Fecal Coliform Standard _____
- < 20 Fecal Coliform Standard _____
- NPDES Discharging System _____
- Nutrient Reduction _____
- Other (please describe): _____

Refer to the *Application Instructions and Checklist for Ohio Revised Code Chapter 3718.04 Sewage Treatment System or Component Review* before completing the following:

- | | | |
|---------|--------|---|
| YES ___ | NO ___ | Submitting first application for this STS component or system |
| YES ___ | NO ___ | Requesting presentation before the Technical Advisory Committee |
| YES ___ | NO ___ | Requesting confidential treatment |

Company Name:

Mailing Address:

Name of Contact person:

Mailing Address:

Phone number:

Alternative phone number:

FAX:

E-mail:

By submitting this application you declare that the information contained herein and within any attached materials is true, accurate and complete to the best of your knowledge. You also understand that any misrepresentation or significant omission of information may result in the return of your application for supplementation or the denial of your application.

Signature:

Title:

Date:

Mail the complete application to:

*Ohio Department of Health
Administrator, Residential Water and Sewage Program
246 North High Street
Columbus, OH 43215*

ODH Bureau of Environmental Health Contact Information for Questions:

Residential Water and Sewage Program BEH@odh.ohio.gov (614)466-7551

HEA 3718.04 Form
10/2016