

Homeowner Acknowledgment Form

The owner of the property must sign and agree to the following requirements for HSTS Operation and Maintenance. Failure to sign this agreement does not excuse homeowners from meeting the applicable requirements and regulations as specified in Ohio Administrative Code (OAC) 3701-29 Sewage Treatment System Rules.

Acknowledgment of Regulations and Requirements for HSTS Operation and Maintenance:

- I have been explained the household sewage treatment system options (including estimated costs, required maintenance, etc.) that I have available for HSTS installation. I have addressed any questions that I have with my designer/installer and/or Pickaway County Public Health Environmental Health staff.
- I understand that all household sewage treatment systems must have an up-to-date O&M Permit and that I am responsible for the applicable maintenance on my HSTS at the frequency specified in my O&M Permit.
- I understand that if I do not demonstrate that I have completed the requirements of my O&M permit and return the renewal notice and fee at the end of a permit cycle Pickaway County Public Health will inspect my HSTS and I will be responsible for any associated inspection fee.
- Experimental (by variance) sewage treatment systems and holding tanks may be evaluated annually by PCPH.
- An on-lot household sewage treatment system that has a mechanical pretreatment component is required to maintain a service contract with an authorized service provider for the lifetime of the HSTS. See O&M Permit for specific HSTS requirements.
- An off-lot discharging household sewage treatment system is required to have an annual service contract with an authorized service provider for the lifetime of the HSTS.
- If applicable, a National Pollutant Discharge Elimination System (NPDES) permit issued for a HSTS must be maintained/renewed/transferred for the lifetime of the HSTS.
- If applicable, I understand that if I do not maintain my required service contract agreement for my HSTS the Pickaway County Public Health will inspect my HSTS and I will be responsible for any associated inspection fees.
- Upon property transfer, information for required Operation and Maintenance, service contract, NPDES permit, and all other applicable information pertaining to my HSTS should be disclosed to subsequent homeowners.

Owner's Name:

Phone #:

Property Address:

Township:

Property Owner's Signature

Date

This agreement must be signed by the property owner and submitted to PCPH before an installation permit will be issued for a HSTS.