



Public Health
Prevent. Promote. Protect.

**Butler County
General Health District**

SEWAGE TREATMENT SYSTEM ABANDONMENT PROCEDURES

I. Application/Permit Completion

In accordance with O.A.C. 3701-29-21 when a Sewage Treatment System (S.T.S.) or applicable component is no longer in use due to connection to a sanitary sewer or due to a required alteration and/or otherwise no longer in use as a S.T.S., shall obtain a permit and a required inspection.

- 1) Fill in the upper portions of the attached Ohio Department of Health (ODH) **Sewage Treatment System Abandonment Permit / Report Form**.

Sections to complete include: **Property Information, Owner information, and Applicant Statement of Compliance.**

- 2) Complete the attached **Supplemental Information for Sewage Treatment System Abandonment Form**. This includes: **Property Information, Abandonment Contractor Information, Reason for Abandonment, Building and Sewer Items** connection details, **Site sketch, and Applicant Signature Certification.**
- 3) STS/GWRS Abandonment Fee: (See fee schedule, posted on the Board of Health web site or call our office for current fee).

Once completion of form and payment provided to BCGHD, the information provided will be reviewed by a staff sanitarian before commencement of work.

Before system approval can be obtained any missing or inaccurate information, will be requested and shall be found to meet standards to receive final approval.

Note: Locating all septic components may require the use of a special video camera and/or other necessary locating equipment to follow pipes. When performing a building demo, system must be located prior to demo being performed.

Once report has been reviewed, a sanitarian will contact you to discuss abandonment procedures. **Do not perform abandonment without speaking to a Sanitarian.** It should be noted that if the property is already under orders expiring before the permit expiration date, then the shorter time line must be followed.

II. Fulfill Code Requirements (Ohio Administrative Code 3701-29-21)

Have the contents of all tanks, dosing tanks, pretreatment components, leach wells and cesspools, and any other component that may pose a collapse hazard, pumped and removed by a registered septage hauler. If applicable, solid materials such as filter media, mechanical devices, and other STS components, shall be taken to an approved solid

waste disposal facility or otherwise legally disposed or reused in a manner that prevents a public health nuisance and contamination of surface or ground water.

The top shall either be completely removed or collapsed and at least one side collapsed to prevent containment of water in the abandoned tank or component. The resulting void shall be filled to the ground surface with inert and nonhazardous materials such as gravel or other coarse aggregate, or soil in an amount and manner that compensates for settling and prevents ponding of surface water.

III. **Provide Proof of Abandonment**

The person(s) abandoning the STS must:

1. Take photos to prove the tank was empty at the time of abandonment.
2. Take multiple photos of the tank(s) after they have been collapsed to prove they will no longer hold water.
3. Take photos with a **reference point** in the background to **prove the location of the abandonment. If this is not provided you will be required to re-excavate abandonment areas.**
4. The Butler County General Health District shall be notified within thirty (30) days that the STS has been properly abandoned.

IV. **Submit Final Forms and Photos**

Fill out and submit the ***ODH Sewage Treatment System (STS) Abandonment Report*** Form (the remaining lower section labeled “*Abandonment Completion Report*”) along with the ***ODH Septage Pump Report*** Form (completed by the Registered Septage Hauler) and the **photos** from Step III, within thirty (30) days after the abandonment is complete. Once BCGHD is notified that the abandonment is complete, a representative will visit the site.

If you have any questions, please call the office at (513) 863-1770 or stop by our office at 301 S. Third Street, Hamilton, Ohio 45011.

Local Health District:

Sewage Treatment System (STS) Abandonment Permit/Report

Permit # (if applicable)

Audit Sticker (if applicable)

The permit with the original audit sticker and signatures must stay with the local health district. A copy must be given to the applicant at the time the permit is issued. The report must be completed and submitted to the local health district.

Property Information

Location Address: Township: County: Reason for abandonment:

Owner Information

Owner Name: Phone Number: Mailing Address:

Applicant Statement of Compliance

I agree the household sewage treatment system or component(s) will be abandoned in accordance with rule 3701-29-21 of the Ohio Administrative Code. Signature of owner or authorized representative: Date:

For office use only:

Permit Issue Date (if applicable): Sanitarian Name (printed): Sanitarian Signature:

Abandonment Completion Report

Date completed:

System Contents (Note: Completed pumping report must be attached)

Registered Septage Hauler: Wastewater Disposal Site: Solid Waste Disposal Site:

Abandoned Component(s) (List all components abandoned and method of abandonment)

Component 1: Method: Component 2: Method: Component 3: Method: Component 4: Method:

Person/Registered Installer Completing Abandonment

Signature: Name (printed):

Local Health District Inspection (if applicable)

Sanitarian Signature: Sanitarian Name (printed): Date:



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**Supplemental Information for
Sewage Treatment System (STS) Abandonment**

Property Information:

| | |
|--------------------------|------------------|
| <u>Location Address:</u> | <u>Permit #:</u> |
|--------------------------|------------------|

**PLEASE NOTE: Property demolition shall require proper abandonment and sealing of all Private Water Systems (P.W.S.) through obtaining permits by an registered P.W.S. Contractor and Health District inspection and approval prior to demolition.*

Abandonment Contractor Information:

| | |
|-------------------------|----------------------|
| <u>Name:</u> | <u>Phone Number:</u> |
| <u>Mailing Address:</u> | |
| <u>E-Mail Address:</u> | |

To complete the items below, locating all septic components is required and may require the use of a camera or other necessary locating equipment prior to approval.

Reason for Abandonment:

- | | |
|--|---|
| <input type="checkbox"/> Sanitary Sewer Connection | <input type="checkbox"/> Structure Demo *(see P.W.S. notes) |
| <input type="checkbox"/> System Replacement | <input type="checkbox"/> Component Abandonment |

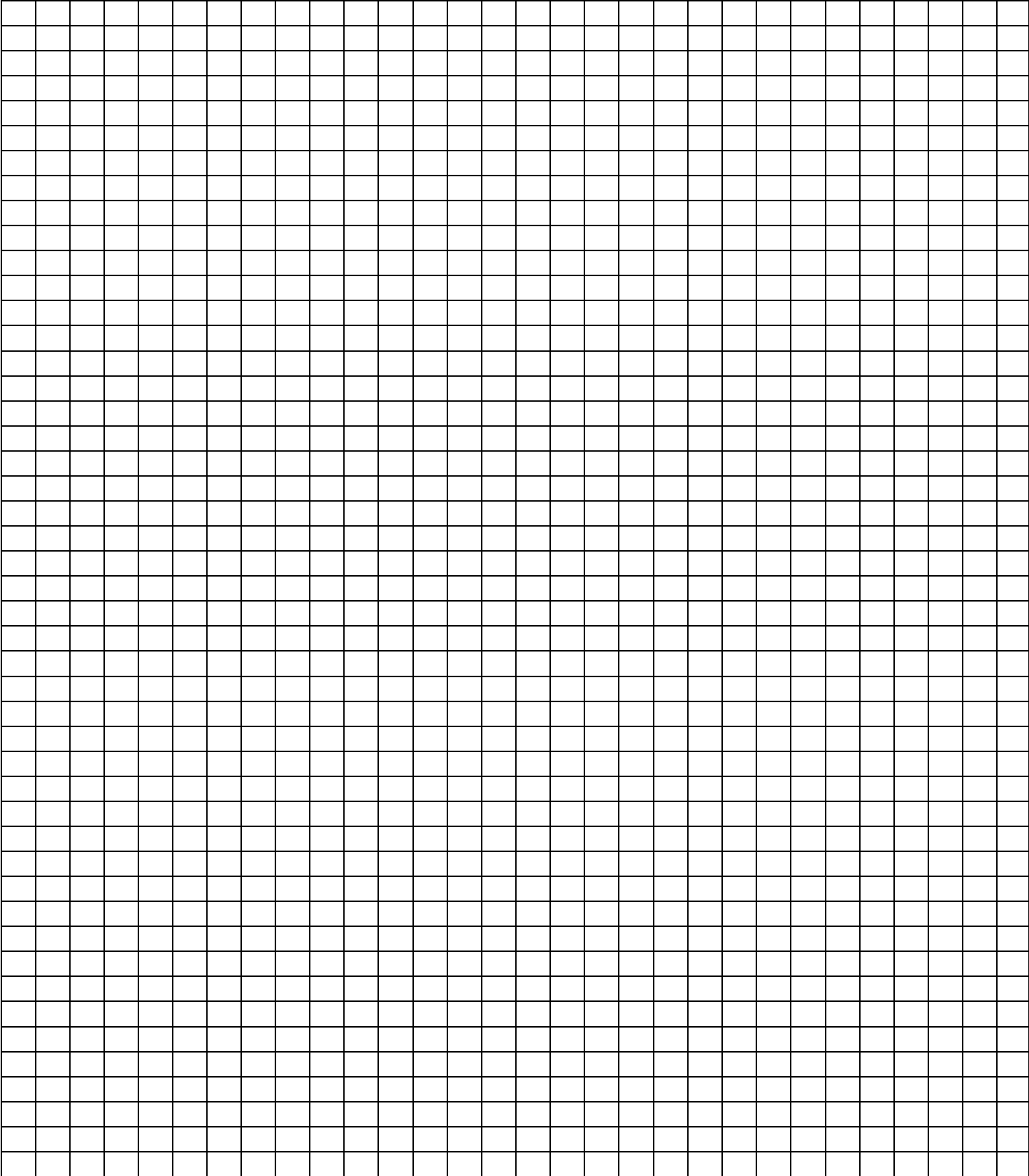
Approximate month and or week of required inspection _____

Please contact the health district to schedule an inspection at 513-863-1770.

SITE SKETCH

Building location and S.T.S. components (please flag or stake)
Please complete sketch on reverse side of application.

SITE SKETCH



Local Health District

SEPTAGE PUMPING REPORT FORM

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septage hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

| | | |
|--|---|------------------|
| Pumping Date: | County: | Township: |
| Pumping Location Address (include city & zip) | | |
| Name of Person making Request: | <input type="checkbox"/> <i>check if this person is the owner</i> | Phone #: |

| | | | |
|--|---|--------------------------|---|
| TANK PUMPING INFORMATION | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial | # of Tanks: _____ | Total Gallons Pumped: _____ gal. |
| Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same type should also be numbered in succession. <input type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable tank _____ <input type="checkbox"/> Other _____ Type: _____ If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing Check all that apply and place the number of the tank listed above next to the material type. <input type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____ Give the volume of each tank pumped: Tank 1 _____ gal Tank 2 _____ gal Tank 3 _____ gal Tank 4 _____ gal | | | |

| | |
|---|--|
| TANK CONDITION OBSERVATIONS | |
| Tank Condition <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine Risers: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Riser Lids: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Evidence of Leaking? <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive Which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all at the (check all that apply) <input type="checkbox"/> Tank <input type="checkbox"/> Riser <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Inconclusive High Water Level at time of pumping <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not determine If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Evidence of previous tank high water level observed <input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Baffle(s) and Tee(s) <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not observed If absent which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Baffle(s) or Tee(s) Condition (if observed): <input type="checkbox"/> Good <input type="checkbox"/> Poor If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Effluent Filters <input type="checkbox"/> Present <input type="checkbox"/> Missing <input type="checkbox"/> N/A, tank older than 2007 If present, were they cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Solids Removed Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____ Was dewatering necessary? <input type="checkbox"/> Yes, _____ gal <input type="checkbox"/> No <input type="checkbox"/> N/A Solid Waste Facility taken to: _____ Did spillage occur during pumping process? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all Riser located over: <input type="checkbox"/> Inlet <input type="checkbox"/> Center of Tank <input type="checkbox"/> Outlet Risers and Lids Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor |

List all Repairs, Additional Work and Comments:

| |
|---|
| Disposal Location: |
| <input type="checkbox"/> Waste Water Treatment Facility Name of Facility: _____ |
| <input type="checkbox"/> Land Application Permit #: _____ Address: _____ |

| | |
|---|-------------------------|
| Driver/Technician Name (printed) | Company Phone #: |
| Septage Hauling Company: | Registration #: |

YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: _____ Years _____ Months
 REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.

**A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health District*