



CARROLL COUNTY GENERAL HEALTH DISTRICT SEPTAGE SITE PERMIT RENEWAL OHIO ADMINISTRATIVE CODE (O.A.C.) 3701-29

SITE (Farm, Location, Address) _____

APPLICANT _____ PHONE _____

COMPANY THAT WILL USE SITE _____

COMPANY MAILING ADDRESS _____

PROPERTY OWNER _____ PHONE _____

PROPERTY OWNER MAILING ADDRESS _____

NUMBER OF ACRES ON THE SITE TO BE USED FOR THE APPLICATION OF SEPTAGE _____

ANTICIPATED CROP FOR YEAR 2023/ 2024 [O.A.C. 3701-29-20(F)(2)] _____

MAXIMUM APPLICATION RATE IN GALLONS/ ACRE/ YEAR [O.A.C. 3701-29-20(F)(2)] _____

I hereby submit this application for approval of a Septage Disposal Site. I have read and will conform to all requirements of Ohio Administrative Code 3701-29.

SIGNATURE OF APPLICANT _____ DATE _____

I affirm that I am the owner or legal authorized representative of the owner of the site. I give my consent for the applicant to apply septage to this site in conformance with Ohio Administrative Code 3701-29. I further understand that the site will be inspected routinely by a representative of the Stark County Board of Health and/or other authorized agencies.

SIGNATURE OF PROPERTY OWNER(S) _____ DATE _____



HEALTH DEPARTMENT USE

FEE \$ _____

APPROVED DISAPPROVED

REHS _____

DATE _____