



**Sanitary Sewer Connection  
Permit Application  
APPLICATION NO: \_\_\_\_\_**

**RICHLAND COUNTY WASTEWATER**  
1740 Fleming Falls, Rd.  
Mansfield, Ohio 44903  
Phone • (419) 774-5519 Fax • (419) 774-4003  
<http://www.richlandcountyoh.us/index.php/wastewater>

**Submit one application for each building or structure. Please print or type. All sections must be completed. Refer to the instruction sheet for completing this application.** This form is also available at <http://www.richlandcountyoh.us/index.php/forms>

|   |                  |  |                |          |                            |
|---|------------------|--|----------------|----------|----------------------------|
| <b>1</b>  | Scope of Project | <b>2</b>   | Parcel ID No.: | <b>3</b> | City / Village / Township: |
| <input type="checkbox"/> Residential<br><input type="checkbox"/> Commercial |                  | <b>4</b> Type of project <input type="checkbox"/> New Structure and Connection <input type="checkbox"/> Existing Structure – New Connection<br><input type="checkbox"/> Existing Structure – Alteration <input type="checkbox"/> Disconnection/Abandonment <input type="checkbox"/> Repair |                |          |                            |

**5** Address of Project:

City: \_\_\_\_\_ Zip: \_\_\_\_\_ **6** Subdivision: \_\_\_\_\_

Directions to Project:

\_\_\_\_\_

**7** Property Owner: \_\_\_\_\_ Attention/Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**8** For Commercial Projects, plans prepared by: \_\_\_\_\_ Ohio Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**9** Registered Sewer Contractor: \_\_\_\_\_ Attention/Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**10** I hereby certify that I am the (select one)  Property Owner  Registered Sewer Contractor as Agent for the Owner

and I hereby make application for permission to make a connection to the Richland County Sanitary Sewer System. I agree to abide by the Rules and Regulations (Regulations) for the Construction, Operation, Management, Maintenance, and Use of the Richland County Sanitary Sewer Collection system as adopted by the Richland County Board of Commissioners. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Regulations. The owner and the designer identified on the plans and construction documents shall be responsible for the design, structure, construction, safety, operation, management, and maintenance of the structure per the requirements of the Regulations. The approval of the submitted application, plans, construction documents or any notations thereon, and issuance of this certificate shall not excuse the owner from complying with all rules and laws of the State and County, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in connection with this application should be sent to my attention at the address provided above.

|                           |   |
|---------------------------|---|
|                           | <b>Inspections may be requested by calling the Richland County Wastewater at (419) 774-4002 from 8:00 am – 3:00 pm, Monday – Friday, excluding holidays. A minimum of 1 business day advance notice is required to request an inspection.</b> |
| Applicant Signature _____ | Date _____  |

**THE AREA BELOW IS FOR OFFICIAL USE ONLY**

|  |  |   |
|--|--|---|
| <b>Connection Charges</b>  |  | Application Approved / Date:  |
| Sewer Connection Permit  |  |   |
| Connection Fee / Assessment  |  | Construction Approved / Date:<br>(Sketch on back)   |
| <b>Total Connection Charge:</b>  |  |   |
| Amount Paid:   |  | Septic Tank: <input type="checkbox"/> Top Removed <input type="checkbox"/> Sewage Pumped <input type="checkbox"/> Granular Backfill |
| <input type="checkbox"/> Cash <input type="checkbox"/> Check No: _____ |  | Notes:  |
| Intake Person Initials / Date:   |  |   |
| Fees Paid Initials / Date:   |  |   |

## DIRECTIONS FOR COMPLETING APPLICATION FOR SANITARY SEWER CONNECTION PERMIT

**Application Directions: Complete page one of the application as outlined below. All boxes, 1 through 10, must be completed in full or the application will be returned. Send this completed form along with all required documents to "Richland County Wastewater, 1740 Fleming Falls Rd, Mansfield, Ohio 44903"**

1. Check the appropriate box based upon the use of the structure.
2. Provide the Parcel ID number for the subject property on which the proposed project is located.
3. List the municipal subdivision or township where the proposed project is located.
4. Check the appropriate box based upon the construction status of the structure and the nature of the work.
5. Provide the complete mailing address for the project. For inspection purposes provide specific address and location including tenant space, building floor number, suite numbers, crossroads, landmarks or any other directional guidelines.
6. Provide the name of the subdivision, the phase, and the block for projects located in a platted subdivision.
7. Provide the property owner name, address, telephone, email and a contact person.
8. Provide the name of the individual who prepared the plans, address, telephone, email and a contact person. Commercial Projects must have plans prepared by a Professional Engineer licensed in the State of Ohio.
9. Provide the Registered Sewer Contractor name, address, telephone, email and a contact person. Attach a Sanitary Sewer Connection permit application to this application. The registered Sanitary Sewer Contractor **MUST** sign the Sanitary Sewer Connection Permit Application.
10. Read all of the information in box 10 and check the appropriate box identifying the applicant as the owner or the Registered Sewer Contractor. All correspondence will be sent to the person checking this box.

Once the plans and application have been approved, a copy of the application and plans will be returned to the applicant. All construction must be inspected prior to covering or concealing. It is the responsibility of the owner and the Registered Sanitary Contractor to request inspections. Inspections may be requested by calling the Richland County Wastewater at (419) 774-4002 from 8:00 am – 3:00 pm, Monday – Friday, excluding holidays. A minimum of 1 business day advance notice is required to request an inspection.

Please note that additional permits may be required by the local Health Department (plumbing, well, septic, backflow), the local Floodplain Administrator and the local Zoning Inspector.

### Septic Tank Abandonment Instructions

1. Obtain a Sanitary Sewer Connection Permit
2. Locate all Septic Tanks on property. All tanks must be abandoned.
3. Pump out the tank. The waste and septage must be pumped and properly disposed of by a septage hauler registered by the Richland County Health Department.
4. Remove all tank lids and any steel castings. Properly dispose of lids and castings.
5. Crush the top and a minimum of two exterior walls. All interior baffles and walls must be crushed. If possible, crush the bottom of tank. Ensure that the tank will not hold any surface or subsurface runoff water.
6. Backfill the tank with granular material (natural or crushed stone, clean fill debris may be used as well). The material shall be clean and properly compacted.
7. Document the location of the abandoned tank
8. Restore the grade of the site. Seed and mulch the area. Seeding shall be properly established.