



Permit-to-Install/Plan Approval Application

<i>FOR AGENCY USE ONLY</i>		
Date Received: / /	Application/Revenue ID:	Organization ID:
Document ID:	Place ID:	Check ID:
Check Date: / /	Check Number:	Check Amount:

1. Project Name:

2. Applicant (see note after signature)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Title: _____

Phone: () - Fax: () - E-mail : _____

2. Application/Plans Prepared by:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Title: _____

Phone: () - Fax: () - E-mail : _____

4. Billing Address (if different than Applicant)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Title: _____

Phone: () - Fax: () - E-mail : _____

5. Future Owner (if different than Applicant)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Title: _____

Phone: () - Fax: () - E-mail : _____

6. Project Location

Street Address or Location Description: _____
County: _____ Township: _____
Municipality: _____ Latitude: _____ Longitude: _____
Method of Determination: _____

7. Brief Project Description:

8. Will one or more acres be disturbed during construction of this project? Yes No
If **Yes**, enter the date the NOI for coverage under the construction storm water NPDES permit was submitted: ____ / ____ / ____ and the date coverage was granted: ____ / ____ / ____

9. Will wetlands be disturbed during construction of this project? Yes No
If **Yes**, enter the date the 401/404 permit application was submitted: ____ / ____ / ____

10 a. Is this application part of a combined permit-to-install application? (for example air + water) Yes No
b. Has an application for a Class V injection well permit been submitted? Yes No N/A
If **Yes**, date submitted: ____ / ____ / ____

11. Compliance Status

a. Will this project connect to a collection/treatment system that has a NPDES permit? Yes No
If **Yes**, list federal and state permit numbers:
OH _____ | _____ | _____
b. Is this application filed in compliance with findings and orders, a consent decree, and/or NPDES permit schedule? Yes No
If **Yes**, effective date of the document containing the schedule: ____ / ____ / ____

12. Compliance with 208 plan

Does the project conform to the 208/201 plan for the area? Yes No N/A
If **Yes**, has the engineer submitted supporting documentation? Yes No

13. Designated Ohio, Wild, Scenic, & Recreational Rivers

Is this project located within 1000 feet of a designated wild, scenic, and recreational river? Yes No
See <http://ohiodnr.com/?TabId=985> for additional information

14. Estimated Project Schedule:

Beginning construction date: ____ / ____ / ____ Ending construction date: ____ / ____ / ____ Beginning operation date: ____ / ____ / ____

15. Project Cost:

*Installation/Construction Cost: \$ _____ (Mark one): Actual Bid Estimate
Annual Operation/Maintenance Cost (if applicable - this project only): \$ _____
Are Water Pollution Control Loan Funds going to be used for this project? Yes No
If **No**, Funding Source: _____

**This is costs of the treatment/dispersal/collection system that will serve the project*

16. Attachments

The following are included in this application package (check appropriate box(es) and indicate how many copies of each are provided):

<input type="checkbox"/> Detail Plans _____	<input type="checkbox"/> Management Plan _____
<input type="checkbox"/> Soil Evaluation Form _____	<input type="checkbox"/> Engineering Report _____
<input type="checkbox"/> Hydrogeologic Site Investigation Report _____	<input type="checkbox"/> Engineering Specifications _____
<input type="checkbox"/> Site Evaluation Form _____	<input type="checkbox"/> Sewer Authority Letter _____
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Antidegradation Addendum _____
<input type="checkbox"/> Narrative Plans (LTCP, GP, etc.) _____	

17. Form B / C Submission (check all that apply):

Sewer and Pump Station Construction – Form B1
 Onsite Sewage Treatment Systems – Form B2
 Wastewater Treatment Plants Less Than 100,000 GPD – Form B3
 Wastewater Treatment Plants Greater Than or Equal to 100,000 GPD and all Pond Systems – Form B4
 Industrial Direct Discharge Facility – Form B5
 Industrial Indirect Discharge Facility – Form B6
 Underground Storage Tank Remediation – Form B7
 Holding Tanks – Form B8
 Industrial Impoundment Ponds – Form B9
 Land Application Management Plan for Sludge or Waste other than Treated Sewage – Form C1
 Treated Sewage Land Application Management Plan – Form C2
 Sewage Holding Tank Management Plan – Form C3

18. Fee Calculations:

Permit-to-Install (maximum total fee \$15,100)

a. Application fee:	\$ 100.00
b. Plan review fee:	\$ 100.00
c. Plan review fee (installation/construction cost x .0065):	\$ _____
d. Total Fee (a + b + c):	\$ _____

Sludge Management Plan Approval*

a. Application fee:	\$ 100.00
b. Plan review fee:	\$ 100.00
c. Total fee (a + b):	\$ 200.00

* No separate fee is needed for land application

19. Antidegradation

Is this project subject to the Antidegradation Rule (OAC 3745-1-05)? Yes No

If **Yes**, an antidegradation addendum must be submitted (Note: It applies even if an exclusion and/or waiver is met)

If **No**, check all that apply:

- Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05 (B)1, i.e., onsite sewage treatment systems, sanitary sewer extensions, indirect discharger to POTW, etc.).
- Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants.
- Narrative Plans (Examples: LTCP, Land Application, General Plans, etc.)

20. Submittals:

To be considered complete, this application must include the following unless otherwise directed by Ohio EPA:

- Four copies of the detail plans including profile and plan views of all sewers (shown on the same sheet), existing (as applicable) and proposed pump station facilities, incorporating all of the details outlined in Section 20.1, 20.2 and 20.3 of *Recommended Standards for Wastewater Facilities*.
- Two copies of complete technical specifications.
- Two copies of the Permit-to-Install Application including Form A, pertinent B & C form(s), and the antidegradation addendum *(if applicable)*
- Fee check payable to "Treasurer, State of Ohio."

21. Signature of the Applicant: (see Ohio Administrative Code 3745-42-03)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Typed name: _____ Title: _____

Signature: _____ Date: ____ / ____ / ____

NOTE (Who Must Sign):

The person signing as "Applicant" is not the applicant's engineer or architect or any other person submitting the Permit-to-Install Application on behalf of the owner. The "Applicant" should be owner of the facility, business, corporation, company, etc. or the legal responsibly entity. It is not the engineer who prepared the plans.



Permit-to-Install/Plan Approval Application

Sanitary Sewers

FOR AGENCY USE ONLY

Application Number:	Date Received: / /
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Applicant:
Facility Owner:
Ultimate owner (if different):
Application/Plans Prepared by:
Project Name:

1. Project Description

- a. Describe the location, size and current development of the area to be served. List street address, township, county, and include longitude and latitude coordinates in describing location.
- b. What is the possibility that future sanitary sewer extensions will connect to the sanitary sewers which are the subject of this application?
- c. Are there any pump stations included as part of this sewer construction? Yes No
(If Yes, fill out attachment to Form B1)
- d. Indicate type(s) of sewers proposed (check all that apply):
- | | | |
|---|--|---|
| <input type="checkbox"/> Conventional gravity | <input type="checkbox"/> Small diameter gravity (w/septic tanks) | <input type="checkbox"/> Pressure (GP or STEP) |
| <input type="checkbox"/> Vacuum | <input type="checkbox"/> Siphon | <input type="checkbox"/> Force main (must include pump station) |

2. Pipe Specifications

Please identify each type (as indicated in 1d above) and size of pipe included in this project.

Type	Pipe Size	Pipe Material	Material * Specification	Joint* Specification	Bedding** Classification	Minimum Slope	Pipe Length	Maximum Manhole Spacing

* List ASTM, AWWA, or ANSI specification number. For any specification that does not appear on Ohio EPA's pipe specification list, the applicant shall submit the standard for approval with the Permit-to-Install.

** 100 percent to pass 3/4-1.0 inch sieve. ASTM C-12 (A, B, C), D-2321 (IA, IB, II, III), or other.

Ohio EPA Approvable Pipe Specification List: <http://www.epa.ohio.gov/dsw/pti/PipeSpecs.aspx>

3. Design Flow in Proposed Sewer

Identify flows expected at start-up (for example, currently existing flows plus design flow for this project) and the flows expected at design (for example, start-up flows plus flows from future phases of development) at terminus of proposed sewer.

	Average Daily Flow	Peak Hourly Flow
Start-Up Flows (based on immediate area served)	_____ MGD	_____ MGD
Design Flows (based on planned area served)	_____ MGD	_____ MGD
Hydraulic Capacity of Sewer	_____ MGD	_____ MGD

Assumptions used to calculate above flows: (check all that apply)

	Start-Up	Design
<input type="checkbox"/> Residential Population at: _____ gal/home* _____ homes _____ homes		
<input type="checkbox"/> Residential Population at: _____ gal/cap/day _____ people _____ people		
<input type="checkbox"/> Non-Residential Flows (for example commercial, industrial, etc.): _____ MGD _____ MGD		
<input type="checkbox"/> Computer Flow Modeling Results (attach explanation and data)		

*120 gallon/bedroom in accordance w/ OAC 3745-42-05 unless additional information is submitted

4. Receiving Wastewater Treatment Facility

a. What treatment facility will be receiving flow from these sewers?

Present treatment facility average daily flow _____ MGD (based on _____ /20 (month/year) ADF)*
 Proposed treatment facility average daily flow (based on present average daily flow plus all connections currently under construction or being designed) _____ MGD
 Design average daily flow of the treatment facility _____ MGD (based on _____ design year)

b. Does the treatment facility have adequate capacity to treat anticipated flows from existing sewers plus the proposed sewers based on the sewer's design capacity? Yes No

If **No**, on a separate sheet, please describe the steps being taken to ensure that the treatment facility has adequate capacity. Include specific work items and schedules as appropriate.

c. Is there intent to expand the treatment facility to treat additional flows? Yes No

*Note: Flow data to be no older than one calendar year from date of PTI submission

5. Sewer Design

a. Are the sewers deep enough to serve all adjacent basements? (refer to GLUMRB, *Recommended Standards for Wastewater Facilities*, 2004, Section 33.2) Yes No

If **No**, please explain how the basements will be served:

b. Are sewers at a sufficient depth to prevent freezing? (GLUMRB Section 33.2) Yes No

If **No**, please explain how freezing will be prevented:

c. Where small sewers join larger ones, have the inverts of the larger sewers been lowered sufficiently to maintain the same energy gradient? (GLUMRB Section 33.6) Yes No N/A

d. Have provisions been made to protect sewers against displacement by erosion and impact at velocities over 15 fps? (GLUMRB Section 33.45) Yes No N/A

e. Are sewers with slopes greater than 20 percent secured with concrete anchors (or equal), spaced as required? (GLUMRB Section 33.46) Yes No N/A

f. Are there any overflows or bypasses upstream of the point of connection that may be impacted by the flows from the new sewer? Yes* No

g. Are there any sanitary overflows or bypasses or combined sewer overflows downstream of the point of connection? Yes* No

* (If **Yes** to f. or g., on a separate sheet provide a description of the exact location of any overflows or bypasses)

h. Is the force main designed to withstand water hammer pressures and associated cyclic reversal of stresses that are expected with the cycling of wastewater pump stations? (GLUMRB Section 49.4) Yes No N/A

If **No**, please explain:

6. Stream Protection

a. Are there any stream crossings? (If **Yes**, fill out the stream evaluation addendum) Yes* No

If **Yes**,

1. How many crossings are made? (GLUMRB Section 36.14) Number of crossings: _____

2. Are the crossings perpendicular to the stream? (GLUMRB Section 36.14) Yes No

3. Are crossings to be made at previously disturbed areas? Yes No

4. Is the streambed substrate composed primarily of solid rock, sand and gravel, or silt? Rock Sand/gravel Silt

5. In areas of steep slope or unstable soils, are the sewers located on more level, terraced areas? Yes No N/A

6. Are the sewers at a sufficient depth to protect the sewer line? (GLUMRB Section 36.11) Yes No N/A

b. Do any sewers run parallel to any streams? Yes* No

If **Yes**,

1. Is there any woody vegetation along the stream banks? Yes No

2. Are the sewers and construction easements located outside of the vegetated areas? Yes No N/A

3. In areas of steep slope or unstable soils, are the sewers located on more level, terraced areas? Yes No N/A

** If the response to either a. or b. is Yes, please provide the specific measures in the detail plans and specifications that will be used to ensure that damage to the stream corridor is minimized to the greatest extent possible and that the stream corridor is restored to original condition.*

7. Manhole Design

a. Manhole type (precast cast-in-place, etc.): _____

b. Material specification (ASTM): _____

c. Joint specification (ASTM): _____

d. Are watertight frames and covers used wherever manhole tops may be flooded by street runoff or high water? (GLUMRB Section 34.6) Yes No N/A

If **No**, explain*: _____

e. Are manholes provided at the upstream end of each line? (GLUMRB Section 34.1) Yes No

If **No**, explain*: _____

f. Are manholes provided at all changes in size, grade, and alignment? (GLUMRB Section 34.1) Yes No

If **No**, explain*: _____

g. Are manholes provided at all sewer intersections? (GLUMRB Section 34.1) Yes No

If **No**, explain*: _____

h. Are drop manholes provided where the entrance sewer invert is 24 inches or more above the manhole invert? (GLUMRB Section 34.2) Yes No N/A

If **No**, explain*: _____

i. Are inlet/outlet pipes connected with gasketed flexible watertight connections? (GLUMRB Section 34.6) Yes No

If **No**, explain*: _____

** Attach any additional sheets necessary for explanations.*

8. Protection of Water Supplies

a. Are there any physical connections between the sewer and a public or private potable water supply system (including all appurtenances)? (GLUMRB Section 38.1) Yes No

b. Are any existing public waterworks units (for example public supply wells, water treatment facilities, storage facilities) within 200 feet of the proposed sewer or any private wells within 50 feet of the proposed sewer? (GLUMRB Section 38.2) Yes No

If **Yes**, specify the plan sheets on which the sources are shown: _____

If **Yes**, will sewers be encased or constructed of watertight pipe? Encased Watertight

c. Are the sewers at least 10 feet horizontally separated from water lines? (GLUMRB Section 38.31) Yes No

If **No**, please specify the plan sheets where these conditions are not met & describe the measures taken to ensure protection of the water system: _____

d. When crossing water mains, are the sewers at least 18 inches below water lines? Yes No

If **No**, please specify the plan sheets on which these conditions are not met and describe the measures taken to ensure protection of the water system: _____

9. Installation and Testing

a. Installation Inspector:

Name: _____ Firm: _____

Street Address: _____ Phone: () - _____

City: _____ State: _____ Zip: _____

b. What type of sewer leakage test will be used? (GLUMRB 33.9) Hydrostatic Air

Page numbers in specifications for testing requirements of gravity and pressure sewers: _____

c. Is flexible pipe deflection testing specified? (GLUMRB 33.85) Yes No N/A

Page numbers in specifications for testing requirements of flexible pipe: _____

d. What type of manhole testing will be used? (GLUMRB Section 34.7) _____

Page numbers in specifications for testing requirements of manholes: _____

10. Sewer Use Ordinance

A statement that "Roof drains, foundation drains, and other clean water connections to the sanitary sewer system are prohibited" must be shown on the plans. Copies of the ordinances or regulations providing for the enforcement of this requirement must be on file with Ohio EPA.

a. An ordinance/regulation to this effect was adopted on: ____ / ____ / ____ (date).

b. Enforcement of this ordinance/regulation is the responsibility of:

Name: _____

Title: _____

c. It is the opinion of the engineer submitting these plans that adequate enforcement of this ordinance/regulation is being properly carried out. Yes No Unknown**11. Authorities**

a. Plans for the proposed installation of a county, village, or municipal sewer that is tributary to a sewage treatment plant with another political entity must be accompanied by written consent of both entities.

Is a written inter-municipal agreement attached? Yes No N/AIf **No**, state what form of consent is provided: _____**12. Submittals:**

This application must include the following unless otherwise directed by Ohio EPA:

 Four copies of the detail plans including profile and plan views of all sewers (shown on the same sheet), existing (as applicable) and proposed pump station facilities, incorporating all of the details outlined in Section 20.1, 20.2 and 20.3 of *Recommended Standards for Wastewater Facilities*. Two copies of complete technical specifications. Two copies of the Application including Form A, pertinent B & C form(s), and antidegradation addendum (if applicable)**13. The foregoing data is a true statement of facts pertaining to this proposed sanitary sewer installation.**

Date: ____ / ____ / ____ Signed: _____ P.E.

Plans prepared by: _____