Clark County Combined Health District (CCCHD)
Division of Environmental Health
Springfield, Ohio 45503
Phone: 937-390-5600 Fax: 937-390-5625

Application for a Permit to Operate:

- ☐ Sewage Treatment System
- ☐ Small Flow On-Site Treatment System
- ☐ Gray Water Recycling System

☐ 10 year Operation Permit Fee $15.00 Receipt: _____
☐ One year Inspection Fee $45.00

Address	City	State	Zip
		OH	

Owner Information:

Name			
Address	City	State	Zip
Telephone Number	Cell Phone Number		

This operation permit is valid until it expires or is suspended or revoked by the Board of Health. By signing this application, you agree to abide by any and all state laws and regulations and by the regulations set forth by the Clark County Combined Health District.

Signature	Date:

Health Department use only:

10 Year Operation Permit #:_____ from: / / to: / /

Sewage Treatment System one year Inspection date:_____/_____/_____

Revised 8/2019