

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT
449 S. Meridian St., Ravenna, Ohio 44266 – (330) 296-9919 - Fax (330) 297-3597

SEMI-PUBLIC WASTEWATER TREATMENT SYSTEM APPLICATION

April 1, 2004 to March 31, 2005

Directions: Make corrections as necessary. Sign and date application and remit fee by April 1, 2004.

1) Name of Business: _____

2) Address: _____
Street address and P. O. Box No.

City State Zip

3) Name of Owner: _____

4) Owner's Address: _____
Street address and P. O. Box No.

City State Zip

5) Name of Operator (if applicable): _____

6) Operator's mailing address: _____
Street address and P. O. Box No.

City State Zip

7) Phone no. for contact: _____ 8) Twp: _____

Date: _____ **Signed:** _____ **Title:** _____

Do not write below this line

| System Classification/Fee | |
|----------------------------------|----------|
| zz Holding Tanks | \$ 75.00 |
| zz Residential Business | \$100.00 |
| zz Commercial Business | \$225.00 |
| zz Extended Aeration: | |
| o 1-1499 Gal/Day | \$300.00 |
| o 1500-4999 Gal/Day | \$350.00 |
| o 5000-9999 Gal/Day | \$400.00 |
| o 10,000-25,000 Gal/Day | \$500.00 |

MAKE CHECKS PAYABLE
TO:
Portage County Health Dept.

Remit: \$ _____