

SEPTIC TANK TO SANITARY SEWER CONVERSION GUIDELINES

STEP 1: AT MAYFIELD VILLAGE BUILDING DEPARTMENT

(440) 461-2213

1. COMPLETE THE SEWER CONVERSION PERMIT APPLICATION INCLUDING AREAS CONCERNED WITH THE LOCATION OF THE BUILDING DRAIN AND BASEMENT FIXTURES. THE CONTRACTOR AND THE PROPERTY OWNER MUST SIGN THE APPLICATION.
2. SUBMIT TWO (2) COPIES OF A SITE PLAN FOR REVIEW IDENTIFYING THE FOLLOWING:
 - a. Location of the septic tank
 - b. The direction and location of proposed tie-in into the public main from the building
 - c. Type, size and diameter of pipe
 - d. Type and amount of backfill and bedding
 - e. Location of cleanouts
3. SCHEDULE AN APPOINTMENT WITH THE BUILDING DEPARTMENT AND CONTRACTOR TO INSPECT THE BASEMENT FOR COMPLIANCE WITH THE SUBMITTED APPLICATION AND SITE PLAN. THIS MAY DETERMINE WHETHER WORK IN THE INTERIOR OF THE BUILDING IS REQUIRED. IF SO TWO (2) COPIES OF A PLAN DETAILING THE SCOPE OF WORK SHALL BE SUBMITTED FOR REVIEW. IF TESTING IS DETERMINED NECESSARY BY THE BUILDING COMMISSIONER, IT WILL BE AT THE COST OF THE APPLICANT.

STEP 2: AT CUYAHOGA COUNTY SANITARY ENGINEERS OFFICE

**6100 W. Canal Rd.
Valley View, OH 44125
(216) 443-8209**

1. SUBMIT THE PLAN AS REVIEWED BY THE CITY TO THE CUYAHOGA COUNTY SANITARY ENGINEER'S OFFICE FOR REVIEW AND PAY REQUIRED FEES TO OBTAIN A CONNECTION PERMIT.

STEP 3: AT CUYAHOGA COUNTY BOARD OF HEALTH

(216) 201-2000

1. OBTAIN A HOUSEHOLD SEWAGE SYSTEM ABANDONMENT PERMIT.

STEP 4: AT MAYFIELD VILLAGE BUILDING DEPARTMENT

(440) 461-2213

- 1. SUBMIT THE CONNECTION PERMIT, THE APPROVED PLAN FROM THE CUYAHOGA COUNTY SANITARY ENGINEERS OFFICE AND THE HOUSEHOLD SEWAGE SYSTEM ABANDONMENT PERMIT FROM THE CUYAHOGA COUNTY BOARD OF HEALTH.**
- 2. OBTAIN A SEWER CONVERSION PERMIT (NO CHARGE)**
- 3. CALL FOR AN INSPECTION OF THE INTERIOR WORK BEFORE COVERING AND FOR AN INSPECTION OF THE LATERAL FROM THE SEPTIC TANK TO THE FOUNDATION WALL BEFORE BACKFILLING.**
- 4. TO CLOSE OUT THE SEWER CONVERSION PERMIT, IT SHALL BE THE RESPONSIBILITY OF THE APPLICANT TO SCHEDULE A FINAL DYE TEST OF THE STORM AND SANITARY PIPING FROM THE HOUSE TO THE CLEAN OUT AT THE RIGHT-OF-WAY, TO ASSURE THERE ARE NO CROSS CONNECTIONS OF THE STORM AND SANITARY SYSTEMS. THE DYE TEST MUST BE WITNESSED BY A REPRESENTATIVE OF THE BUILDING DEPARTMENT.**

MAYFIELD VILLAGE
BUILDING DEPARTMENT
6622 WILSON MILLS RD.
MAYFIELD VILLAGE, OHIO 44143
PHONE: (440) 461-2213
FAX: (440) 442-5077

SEWER CONVERSION PERMIT

Use Group of Building: R

PERMIT DATE:
PARCEL NUMBER:
PERMIT NUMBER:

SITE Owner's Name: _____

SITE Address: _____

SITE Phone No: _____

CONTRACTOR: Name:

Address:

City/State/Zip:

Phone:

E-Mail:

Contractor Registration Certificate License No.:

This permit is hereby issued to convert a septic system to a public sanitary system as described in the application and the accompanying drawings, which are a part of the application. The acceptance of this permit shall constitute an agreement on the part of the application to abide by all the conditions herein contained and to comply with all Ordinances of the Village, Laws and regulations of the State of Ohio and Cuyahoga County and any special requirements, rules, regulations, and standards of said Department.

Furthermore, the issuance of this permit shall constitute an agreement that the applicant, property owner, contractor will separate the storm (clean water waste) system from the sanitary system.

John Marrelli, Building Commissioner

**MAYFIELD VILLAGE
BUILDING DEPARTMENT**
6622 WILSON MILLS ROAD, MAYFIELD VILLAGE, OHIO 44143
Ph: 440.461.2213 Fax: 440.442.5077

**APPLICATION FOR
SEWER CONVERSION PERMIT**

ADDRESS OF CONVERSION _____

PROPERTY OWNER NAME _____ PHONE NO. _____

CONTRACTOR NAME _____

CONTRACTOR ADDRESS _____

CONTRACTOR PHONE NO. _____

CONTRACTOR E-MAIL _____

SUBMITTER'S NAME _____

LOCATION OF BUILDING DRAIN WITHIN THE STRUCTURE:

BELOW BASEMENT FLOOR

SUPPORTED BY FLOOR JOIST
AND PENETRATING FOUNDATION WALL

IDENTIFY PLUMBING FIXTURES LOCATED IN BASEMENT / GARAGE:

FLOOR DRAIN WATER CLOSET SHOWER

LAUNDRY TRAY LAVATORY BATHTUB

SINK CLOTHES WASHING MACHINE

NOTE: ATTACH SKETCH OF EXISTING AND PROPOSED WORK

Homeowner's Signature

Date

Contractor's Signature

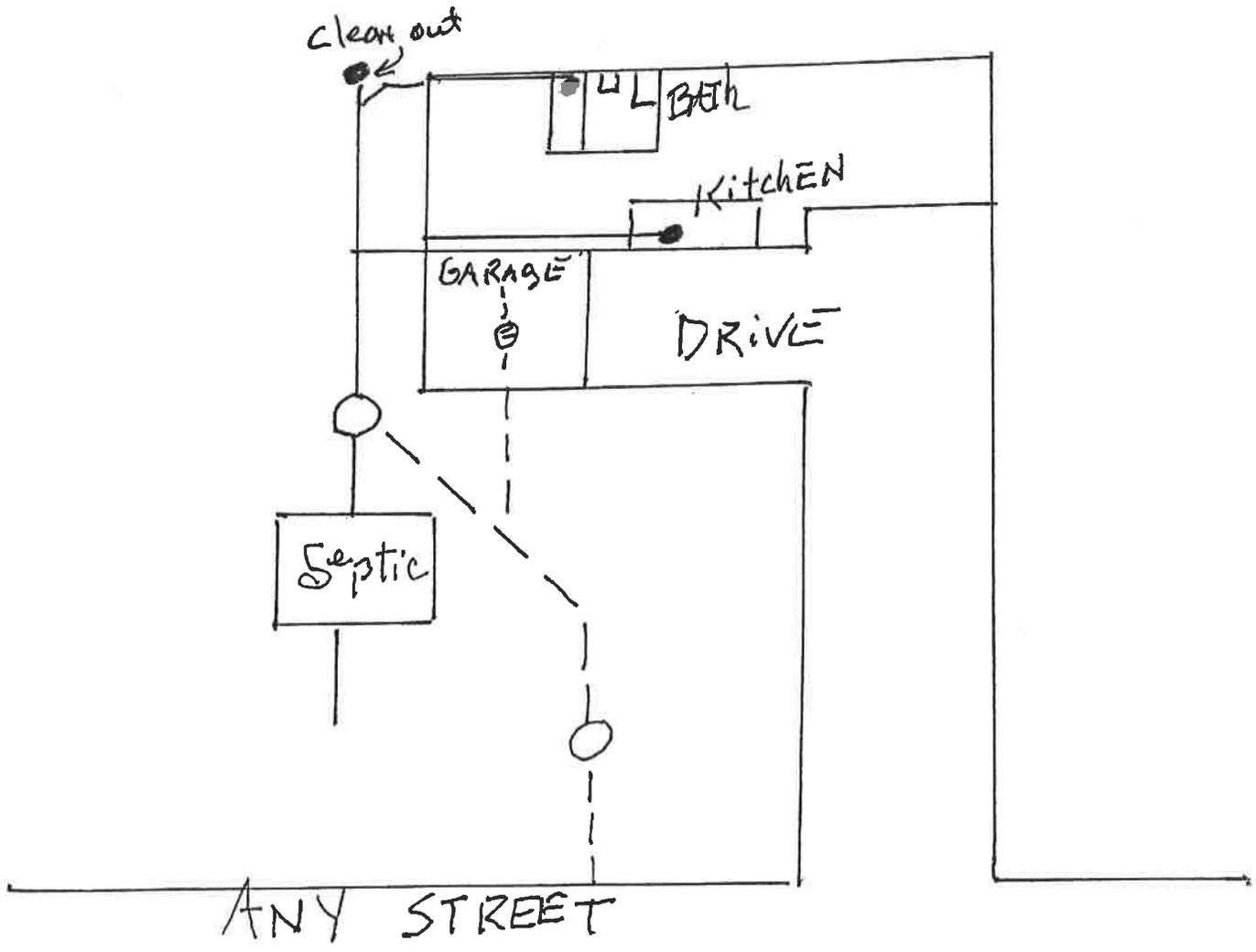
Date

EXAMPLE SKETCH

Property Owner Name _____
Property Owner Address _____
Property Owner Phone _____
Contractor Name _____
Contractor Phone _____

Note:

- Existing Sanitary Sewer is indicated by Solid line _____
- New Sanitary is indicated by Dashed Line _____



THE SANITARY AND STORM SEWER SYSTEMS SHALL BE SEPARATED.

Signature _____

Affidavit of Proper Construction

On the _____ day of _____, 20____, we, the undersigned, do hereby certify the sewer installation at _____ shall be in conformity to requirements of the Sewer District by maintaining a separation between the system for disposal of sanitary waste and the system used to remove storm water out of and / or away from the structure. The abandonment of the septic system and installation of a new sanitary sewer shall not result in a cross-connection between such systems. Furthermore, any steps necessary shall be taken to prevent, repair and correct any cross-connections between such systems and a permit shall be obtained for such. The system was _____, _____ on _____, to assure no cross
(Dye-tested) (TV Camera'd) (Date)

connections, by _____.
(Contractor)

Property Owner

By: _____

Print Name

Contractor

By: _____

Print Name

SUBSCRIBED AND SWORN to before me, a Notary public, in and for said County and State, this _____ day of _____ 20__.

Notary Public

“IT IS UNDERSTOOD THAT FALSIFICATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE”

LICENSE AGREEMENT

This application is hereby submitted for a license to convert a septic system to a public sanitary system as described in this application and the accompanying drawings which are a part of the application. The acceptance of this license shall constitute an agreement on the part of the undersigned to abide by all conditions herein contained and all Ordinances of the Village, laws and regulations of the State of Ohio and Cuyahoga County; and any special requirements, rules, regulations and standards of the Department of Building.

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

PRINTED NAME OF PROPERTY OWNER: _____

SIGNATURE OF CONTRACTOR: _____ DATE: _____

PRINTED NAME OF CONTRACTOR: _____

APPLICATION NUMBER _____
