



Marion Public Health Department, 181 S. Main Street, Marion, Ohio 43302 (740) 387-6520

Application for Site Review for Household Sewage Treatment System (HSTS)

Proposed system to serve:

- ☐ Single family dwelling ☐ Two family dwelling ☐ Three family dwelling ☐ Vacation, rental cabin
☐ Bed and Breakfast as defined in ORC 3717.42 (B)(2) ☐ Privy ☐ Holding Tank
☐ Private home as defined in ORC 3717.42 (B)(13) ☐ Government regulated residential facility as defined in ORC 3717.42(B)(4)

Proposed system type: ☐ New ☐ Replacement ☐ Alteration ☐ Lot Split (less than 5 acres)

Please Type or Print in Ballpoint Pen:

Owner / Applicant		Phone #	
Mailing Address			
City	State	Zip Code	
Location of Property:			
Street Address of Property, if applicable:			
City	Zip Code	Township	Parcel #

Size of existing/proposed building lot: Acres: Frontage: Depth:

****NOTE: If 5 acres or more, a site evaluation is not required if only doing a lot split.**

The following accompanying documents are required for consideration for site review:

- 1. Site and soil evaluation form completed by a certified soil scientist as outlined in OAC 3701-29-07 (D) & 29-08.**
- 2. Scaled site drawing as outlined in OAC 3701-29-07 (E) & 29-08.**
- 3. Layout or design plan as outlined in OAC 3701-29-10 (C).**

Before the site review can be scheduled, the following must be done by the applicant:

- 1. All property lines must be clearly marked, and*
- 2. Primary and secondary sewage areas must be clearly marked and protected from disturbance.*

I, the undersigned, hereby certify that the above information, and that included in the accompanying documents is correct and truthful. I also understand that any deviation from the above may nullify approval of this site for a permit to install. I understand that this site review is not a permit to install. A separate permit will be required for installation, upon site approval.

This site review will expire five years after the approval date.

Owner / Applicant Signature

Date

* Site and soil evaluation may be waived by our department for replacement of existing systems, if it is determined that there is not sufficient area for an on-lot replacement system. NPDES permit is required.

Health Department Use Only

Fee: \$ _____ Receipt # _____ Site ID # _____

Site meets requirements set forth in OAC 3701-29-07 & 29-08? _____ Yes _____ No

Design plan / layout plan meets requirements set forth in OAC 3701-29-10? _____ Yes _____ No

Date of Health Department site review inspection: _____

Attach worksheets

Date of approval / denial

Reviewer