

**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 #	Email:
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; **Must submit payment with application:**

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: **\$ 250.00**

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