

Highland County General Health  
 District  
 1487 N. High St. Suite 400  
 Hillsboro, Ohio 45133  
 Phone: (937) 393-1941  
 Fax: (937) 393-4694  
 Email:  
 info@highlandcountyhealth.org



**Public Health**  
 Prevent. Promote. Protect.

# Application for Sewage Treatment System Site Review

<b>INSTRUCTIONS</b>		<b>FEE: \$243.00 PER LOT</b> Effective 11/6/2023		
Complete application, sign and date, then submit with the appropriate fee and required documentation to the Highland County Health Department. Incomplete application may cause delays in processing.		If subdividing a parcel of land, a site evaluation application must be submitted for each lot created under 20 acres. This does not apply to adjoining lot transfers or approved exceptions from the Highland County Planning Commission.		
<b>Office Use Only</b>				
Date Application Submitted:	Date Paid:	Receipt #:	Scheduled Appointment Date:	Time:

<b>SECTION 1.</b>	<b>APPLICANT/ OWNER INFORMATION</b>			
Applicant Name:				
Applicant Mailing Address:				
City:		State:		Zip:
Daytime Phone:			Mobile Phone:	
Email Address ( <i>optional</i> ):				
Property Owners Name ( <i>if different from above</i> ):				
Owners Mailing Address ( <i>if different from above</i> ):				
City:		State:		Zip:
Has owner given permission for review to be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>(PERMISSION REQUIRED BEFORE REVIEW WILL BE INITIATED)</b>				

<b>SECTION 2.</b>	<b>WHO TO CONTACT TO SCHEDULE INSPECTIONS</b>			
Name: _____ Phone: _____				
Best days or times to reach this individual: _____ <input type="checkbox"/> Anytime				
<b>NOTE: Our office will contact the person above to schedule the onsite evaluation. Evaluations for system repairs or replacements may require access inside home for inspection of some system components and/or dye testing.</b>				

<b>SECTION 3.</b>	<b>PROPERTY INFORMATION (Location To Be Evaluated)</b>			
Township:		Subdivision name (if applicable):		
Address:		City:	Zip:	
Existing Parcel Number*:		Existing Parcel Size*:		Acres

\*This information can be obtained from the highland county auditors' website: [www.highlandcountyauditor.org](http://www.highlandcountyauditor.org)

**GETTING THE LOT READY FOR REVIEW -**

**Visible Markers (stakes, flags, paint, etc.) must be placed at all corners of the proposed lot and the proposed dwelling and/or structures. Vegetative Cover (crops, brush, and high weeds) on the lot must not exceed 12 inches in height or the property cannot be reviewed. Vegetation higher than 12 inches prevents an accurate determination of drainage patterns and will obscure markers placed onsite. Line of site paths following lot lines will be required for wooded lots. Ohio Utility Protection Service (OUPS) should be contacted at 1-800-362-2764 prior to excavation to mark existing utilities. This is now a state law.**

Has the proposed structure(s) and property lines been marked onsite?

Yes       No      If no, when will the lot be ready for review? \_\_\_\_\_

Has all vegetative cover (crops, brush, high weeds, etc.) exceeding 12 inches in height been cleared?

Yes       No      If no, when will the lot be ready for review? \_\_\_\_\_

Has OUPS been to the property to locate and mark any existing utilities onsite?

Yes       No      If no, when will the lot be ready for review? \_\_\_\_\_

If lot is wooded, has line-of-sight paths following proposed lot lines been marked?

Yes       No       N/A      If no, when will the lot be ready for review? \_\_\_\_\_

Is there an existing home(s) and/or sewage treatment system(s) on the property to be evaluated?

Yes       No      If yes, when was the sewage treatment system(s) installed? \_\_\_\_\_ (estimate age if unknown).  
If yes, is the dwelling currently occupied?     Yes       No

Is there an existing private water system(s) on the property to be evaluated?

Yes       No      If yes, when was the private water system(s) installed? \_\_\_\_\_ (estimate age if unknown).

Is there an active source of water to the dwelling to allow a hydraulic test/dye test to be performed if needed?

Yes       No       N/A      If no, when can a water supply be available? \_\_\_\_\_

**SECTION 4.      LOT SPLIT PLANS      Complete this section for *new* lot proposals**

Will you be splitting or re-surveying this parcel?       Yes       No

If yes:      Proposed Parcel Size: \_\_\_\_\_ Acres

Please indicate which lot(s) have existing water/sewage treatment systems on your site plan as applicable.

**NOTE: For lot split review involving a residential homesite, a minimum default value of five bedrooms (600 GPD) will be used when proposed development is unknown or an area of 250 FT x250 FT will be required to be preserved onsite for a sewage treatment system installation. 250 FT along contour assumes a HLLR of 2.4 gal./ft./day and no more than 600GPD.**

**For lot split review involving a non-residential building, a minimum default value of 1000 GPD will be used when proposed development is unknown or an area of 450 FT x450 FT will be required to be preserved onsite for a sewage treatment system installation. 450 FT along contour assumes a HLLR of 2.4 gal./ft./day and no more than 1000GPD.**

**When lot split review involves an existing non-residential building or proposed building plans are known, a copy of the STS design and EPA approval must be submitted with this application.**

**SECTION 5.      BUILDING PLANS**

**Primary Water Source**       Municipal       Well       Cistern       Other \_\_\_\_\_

Please indicate location of all existing and proposed water systems on your site drawing.

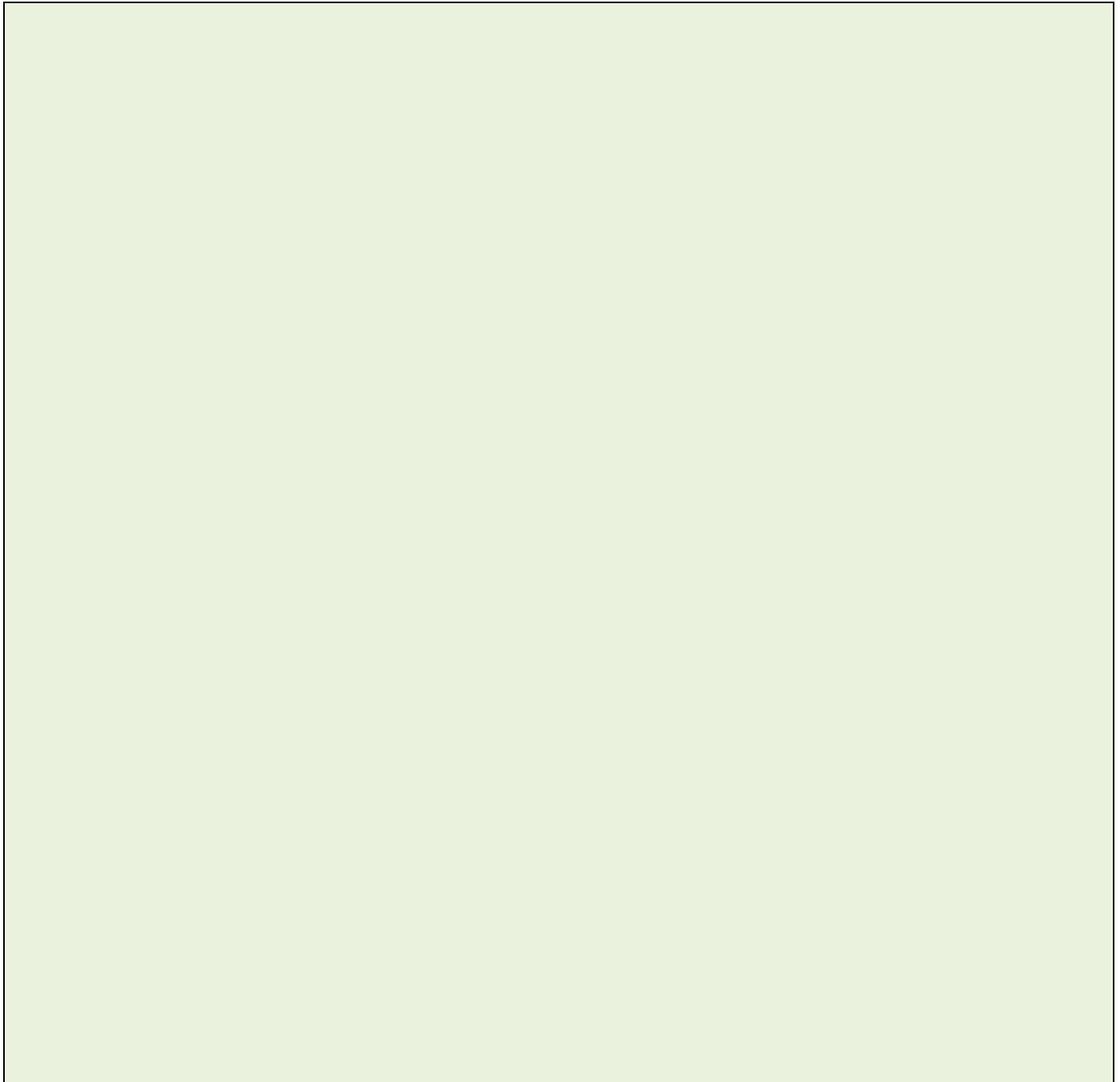
**Structure**       Conventional Built       Mobile       Modular

<b>Foundation</b>	<input type="checkbox"/> Walkout Basement * <input type="checkbox"/> Basement * <input type="checkbox"/> Crawl Space * Basement Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Geothermal Heating System</b>	Do you plan to install a geothermal heating system? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, mark location on site drawing in area provided below.	
<b>Future Development</b>	Do you plan to install additional structures such as a pool, pond, or an outbuilding? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, mark location of each item on your site drawing.	
<b>Land Use</b>	Will the lot be used for any agricultural purpose such as pasture for livestock or tillage for crops? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, mark location on site drawing in area provided below.	
<b>NOTE: Floor plans for each dwelling/structure with plumbing (proposed and existing) must be included with this application. Floor plans must include all levels (including basements) of the proposed and existing structures. Floor plans must also clearly indicate all locations of internal walls, and plumbing layout. All rooms should be clearly labeled on the floor plan. Plans should be no smaller than 8 ½ X 11 inches. Check with local zoning and township officials regarding any zoning requirements for your property.</b>		
<b>Primary Structure with Plumbing</b>  <input type="checkbox"/> Existing <input type="checkbox"/> Proposed	<b>FOR RESIDENTIAL USE ONLY:</b> <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Two Family Dwelling (Duplex) <input type="checkbox"/> Three Family Dwelling (Triplex) <input type="checkbox"/> Other _____  Number of Bedrooms*: _____	<b>FOR NON-RESIDENTIAL USE ONLY:</b> <input type="checkbox"/> Food Service Operation <input type="checkbox"/> Daycare Facility <input type="checkbox"/> Retail Establishment <input type="checkbox"/> Doctor Office <input type="checkbox"/> Church <input type="checkbox"/> Pet Grooming/Boarding <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Veterinarian Office <input type="checkbox"/> Barber Shop <input type="checkbox"/> Vacation Cottage <input type="checkbox"/> Fabrication Shop <input type="checkbox"/> Other: _____
<b>Additional Structures with Plumbing, (if applicable)</b>  <input type="checkbox"/> Existing <input type="checkbox"/> Proposed	<b>FOR RESIDENTIAL USE ONLY:</b> <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Two Family Dwelling (Duplex) <input type="checkbox"/> Three Family Dwelling (Triplex) <input type="checkbox"/> Other _____  Number of Bedrooms*: _____	<b>FOR NON-RESIDENTIAL USE ONLY:</b> <input type="checkbox"/> Food Service Operation <input type="checkbox"/> Daycare Facility <input type="checkbox"/> Retail Establishment <input type="checkbox"/> Doctor Office <input type="checkbox"/> Church <input type="checkbox"/> Pet Grooming/Boarding <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Veterinarian Office <input type="checkbox"/> Barber Shop <input type="checkbox"/> Vacation Cottage <input type="checkbox"/> Fabrication Shop <input type="checkbox"/> Other: _____
* <b>Bedroom</b> - means any room that is designated or used as a sleeping room or any room that could reasonably be used as or finished as a sleeping room as determined by the board of health. Typically, rooms designated as a den, office, study, or bonus room, craft room, fitness room, etc. Are considered bedrooms when designing a sewage treatment system. Most real estate codes require a room to meet basic criteria to be considered a bedroom. They are as follows:  1. Size of room must have a minimum of 70 ft <sup>2</sup> and cannot be smaller than 7 ft in any horizontal direction. 2. Room must have two methods of egress. (typically a door and a window) 3. A room does <u>not</u> require a closet to be considered a bedroom.  Note: The Highland County Health Department is willing to except this criteria as a bedroom designation while reviewing floor plans if floor plans submitted have adequate detail.		For non-residential use structures, sewage treatment system approval must be acquired through Ohio EPA. Ohio EPA Division of Surface Water Bob Ostendorf (937) 285-6107  For non-residential use structures, a plumbing permit must be acquired through the Highland County Health Department Highland County Plumbing Inspector Steve Parker (937) 302-7205  For non-residential use structures, a building permit must be acquired through the Ohio Department of Commerce Bureau of Construction Compliance (614) 644-2622 or (800) 523-3581

**SECTION 6.****SITE DRAWING** Drawn Below Is Attached

Draw and label in the space provided or attach a sketch of the property to rough scale to include the following items:  
**PROPOSED** and **EXISTING** items should be included on sketch.

- Buildings or structures (house, garage, pool, shed, etc.)
- Driveways or parking areas
- Sewage Treatment Systems
- Areas proposed for excavation (walkout basements, ponds, etc.)
- Property lines
- Significant landmarks such as sink holes, intermittent streams, etc.
- Utilities (gas, water, electric, phone, geothermal heating systems, etc.)
- Private water systems



**SECTION 7**

**BUILDING FLOOR PLANS**

Drawn Below

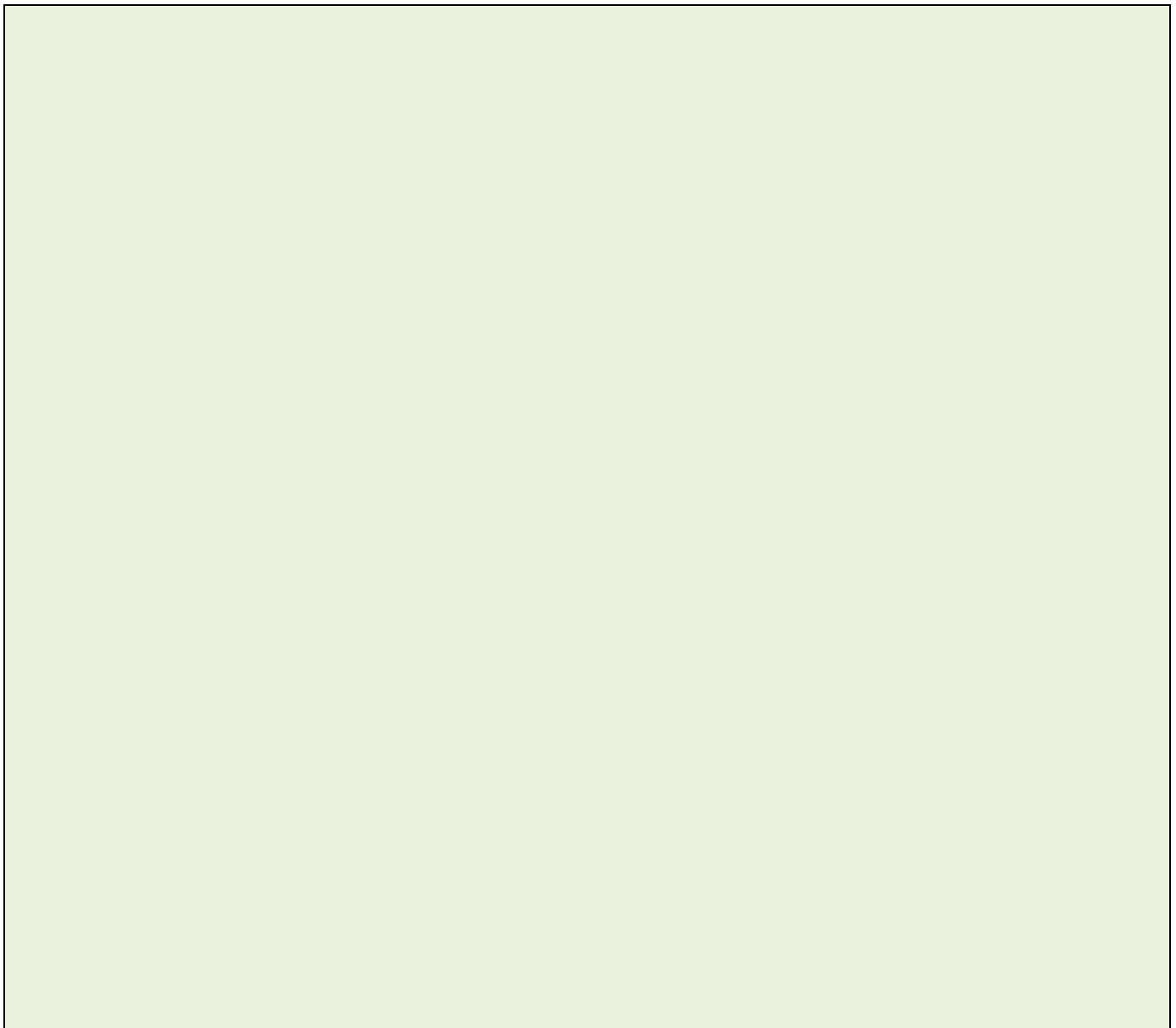
Is Attached

Draw and label in the space provided or attach a sketch of the floor plans to rough scale and include the following items:

- Location of all internal walls
- Location of all windows and doors
- Location of stairs
- Location of plumbing fixtures
- Size of each room
- Label for each room (Bedroom, Kitchen, Office, Living Room, Laundry, Bathroom, etc.)

**NOTE:** A floor plan is required for all levels of the dwelling (existing and proposed) including basements as well as any other buildings with plumbing connections.

You may use the space provided below to illustrate your floor plans or attach a copy.



<b>SECTION 8</b>	<b>COMMENTS or CLARIFICATIONS</b> (Additional information, if needed, may be provided in the space below)
------------------	---

--	--

<b>SECTION 9</b>	<b>WHAT TO EXPECT DURING THE SITE EVALUATION PROCESS</b>
------------------	--

**INSPECTION/PROCESS** - The initial onsite review is typically scheduled within 10 business days after submitting the completed application. If after 10 business days you have not been contacted to schedule an onsite appointment, please contact our office for further instructions. The final evaluation report cannot be completed until our office has received and reviewed the soil report. Completion of the site evaluation report should be expected within 10 business days from submittal of the soil report.

**SOIL REPORT** - Soil analysis of the lot by a certified soil scientist is required. Depending on soil conditions, test pits may be necessary. During the site evaluation, potential areas for a sewage system will be located and marked. You will then need to contact a soil scientist to evaluate these areas. When completed, submit a copy of the soil report to our office for review. Reports can be mailed, faxed, or e-mailed. Please address them as: **ATTENTION: ENVIRONMENTAL HEALTH DIVISION**

**DESIGNS** - If the use of a leaching trench system is possible on the lot, then our department may proceed to design the system. However, lots with very shallow soil (less than 14 inches to a limiting condition, such as perched seasonal water table) are not recommended for leaching trenches due to high potential for failure. If the lot has been approved for a system, but leaching trenches are not approved or recommended, you may contact a sewage treatment system designer and submit a completed design compatible to your site and soil conditions. Designs can be mailed, faxed, or e-mailed. Please address them as:

**ATTENTION: ENVIRONMENTAL HEALTH DIVISION**

If you will be using an alternative designer, please provide the following information:

Designer: \_\_\_\_\_

Designer's Phone Number: \_\_\_\_\_ Designer's Email: \_\_\_\_\_

An approval given by this office based upon this evaluation shall remain valid for one year after the date of issuance. An extension may be granted after this date only with approval of the Highland County Health Department. Every effort is made to provide the best evaluation procedure and sewage system design possible. However, the issuing of a permit to install does not guarantee faultless operation of the sewage treatment system.

<b>SECTION 10</b>	<b>STATEMENT OF AGREEMENT</b>
-------------------	-------------------------------

I hereby certify that the above information provided with this application is accurate and the proposed work is authorized by the owner and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to the regulations and all applicable laws of the State of Ohio and the County of Highland. I understand that any changes of plans, misrepresentation, or error may invalidate decisions made concerning this application.

<b>Applicant Signature:</b>	<b>Date:</b>