



SITE EVALUATION APPLICATION FOR SMALL FLOW SEWAGE TREATMENT SYSTEM

2017 APPLICATION FEE (ALL FEES ARE NON-REFUNDABLE)

Site Evaluation Fee	\$200.00
----------------------------	-----------------

- Make an appointment with a sewage inspector to submit this application to the Darke County Health Department. While you are in the office, it may be helpful to you to obtain the business card of the inspector that will be guiding you through this process.
- Applications are reviewed in the order in which they are received, and site visits are scheduled in relationship to other appointments and events.
- Please plan to allow **45 days** for the Health Department to review this application.
- Incomplete applications will not be accepted.
- You should have a copy of the proposed blueprints or the floor plan of the structure/ facility reviewed by the sewage inspector prior to having the soil tested or the septic system designed to ensure they are adequately sized.
- If a stream, county tile, or county ditch is not located on your property, an easement must be obtained from all properties to such drainage. The easement area must include the area the existing or proposed tile is located. The easement must be recorded at the recorder's office in the courthouse prior to approval of the application.
- Information on county tiles and county ditches may be obtained at the Darke County Engineer's office.
- Lists of potential septic designers, installers, service providers, haulers, plumbing contractors and private water system contractors are available at the health department



Application submitted by (circle one): Builder Owner Installer Designer

Applicant Name: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

How would you like to receive your evaluation report? Mail Fax Email

Owner's Name: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

Site Address: _____

City: _____ Township: _____

Directions to property: _____

Total Acreage: _____ Subdivision Name: _____ Lot #: _____

Township #: _____ Range #: _____ Section #: _____

Has the lot already been split, platted & recorded? Y N If yes, date recorded: _____

Is the lot going to be split in the immediate future? Y N Date anticipated: _____

Interceptor, gradient drain, or other surface water drains outlet to (circle only one):

- A.) Stream located on property
- B.) County tile/county ditch located on property
- C.) Existing tile to county tile, county ditch, or stream with recorded easement
- D.) New tile to be installed to county tile, county ditch, or stream with recorded easement



Name of county ditch/tile/stream for curtain and/or sewer drain to outlet to:

Drainage easements to be obtained/already obtained from the following property owners:

Will a cistern be installed on the property? (Please circle) **Yes** **No**

If yes, the cistern will be used for: potable usage non-potable usage

*Please note, **potable water** means water used for drinking, cooking, and domestic purposes; including flushing toilets and doing laundry. Irrigation would be considered non-potable.*

Will a geothermal system be installed on the property? (Please circle) **Yes** **No**

If yes, please mark the type of system:

- Horizontal Closed Loop Vertical Closed Loop
- Pond or Lake, Closed Loop Open Loop System with a Well

*Please note the geothermal system **cannot** be located within the replacement septic system area and must maintain 50 feet from any private water system.*

Prior to the evaluation of your lot, the following must be complete:

_____ Submit the site evaluation application and fee for sewage treatment approval (*this form*)

_____ Submit a site and soil evaluation report completed by a certified soil scientist.
A list of soil scientists is available at the Health Department.

_____ Submit a site plan or site drawing with proposed location of structure, septic, well, etc.



The site plan must be **drawn to scale** and must include the following (if applicable):

- The dimensions of the lot or the proposed lot.
- Any other structures to be located on the lot.
- Any site disturbances, existing or proposed driveways or other hardscapes
- Location of soil boring and or excavation locations for attached soil evaluation
-designate the areas for which the soil profiles are representative on the plan
- Location of primary and reserve septic systems
- Identify any areas that would impact or prohibit the siting of the septic systems
- Location of well and other wells located within 50ft of lot
- Location of cistern for potable and/or non-potable use
- Geothermal Systems
- North orientation arrow.
- Vegetation present, approximate slopes, and drainage features
- Drainage tiles
- Any easements located on the property

_____ Submit surveyed copy of the plat (*Obtain from County Engineer's office located in basement of courthouse.*)

_____ Submit a copy of the blueprints or the floor plan of the proposed structure.

_____ Submit a design or layout plan for the septic system.

(If the person designing the system is different than the person installing the system, you must also submit a statement from the installer stating that they can install the system in accordance with the design and the sewage treatment system rules.)

Closest public sewage system _____

Distance to closest public system _____ (feet, yards, or miles)

You may be required to obtain a letter from the public sewer entity stating that the proposed lot or subdivision will not be allowed to connect or is not accessible to the sewer based upon the distance of the public sewer from the proposed lot or subdivision. Subdivisions with 25 or more lots must be reviewed by the Ohio EPA to determine sewer accessibility and written documentation provided.



Design Basis

Type of Establishment (office, church, food service, daycare, etc.):

Design Basis			
Record the number of employees, seats, etc., and the corresponding sewage flow for each. Include existing flows, noting them as existing. Attach additional sheets if necessary.			
Type of Units (employees, seats, etc.)	Number of Units	Sewage Flow (gal/day)	Total (gpd)
		x	=
		x	=
		x	=
		x	=
		x	=
Total Sewage Flow (gpd)		=	_____

Refer to OAC 3745-42-05 for design flow requirements

If this is a modification of an existing system, please describe the existing system, listing the existing wastewater flow(s) and discussing how the existing flow(s) were determined (for example design flow, water use records, estimate, etc.):

If there is to be any development at this site, other than that specified above, explain what type, and provide a timeline for development.

Are there any floor drains at this facility? Yes No

If **Yes**, please describe intended use:



The site consists of:	
_____ acres of	_____ soil name(s).
a. What is the limiting soil	_____
b. What is the depth to the limiting condition?	_____ inches
c. What is the site slope?	_____

Water Supply	
a. Water supply	<input type="checkbox"/> Public <input type="checkbox"/> Well
b. Nearest private water supply well location, proposed or existing:	_____ (feet)
c. Are there any public water supply wells within 300 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Show location of all water supply wells on plans.</i>	

Septic Tank(s)	
List manufacturer and capacity:	

Lift Station or Dosing Device	
a. Overall tank inside dimensions:	_____ Volume: _____ gallons
b. Working volume or dosing volume:	_____ gallons
c. Number of pumps:	_____ Pump _____ gallons/minute _____ TDH
d. Other device (for example siphon):	_____

Pretreatment	
Is a pretreatment unit or device incorporated into design?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please provide information: _____	



Drip Irrigation	
a. Total lineal length of field: _____ feet	b. Number of zones: _____
c. Total lineal length per zone: _____ feet	d. Daily wastewater load: _____ gpd
e. Basal loading rate: _____ gpd/ft ²	f. Linear loading rate: _____ gpd/lineal foot
g. Soil permeability rate: _____ in/hr	

Mound Systems <i>(Note: All dimensions are to be shown on plans also)</i>	
a. Site Limitation: (check one)	
<input type="checkbox"/> Impermeable soil layer (soil or bedrock)	<input type="checkbox"/> Solid bedrock 3
<input type="checkbox"/> Seasonal high water table	<input type="checkbox"/> Semi-permeable soil layer
<input type="checkbox"/> Fractured compacted till	<input type="checkbox"/> Creviced/fractured bedrock
<input type="checkbox"/> Sand and/or gravel	
b. Daily wastewater load: _____ gpd	m. Number of laterals: _____
c. Linear loading rate: _____ gpd/lineal foot	l. Number of observation tubes: _____
d. Basal loading rate: _____ gpd/ft ²	
e. Sand fill loading rate: _____ gpd/ft ²	
f. Mound fill depth: _____ inches	
g. Mound depths: _____ inches	
h. Delivery pipe: _____ diameter (in)	
i. Manifold pipe: _____ diameter (in)	
j. Lateral pipe: _____ diameter (in)	
k. Total length of laterals _____ feet	

Leach Field	
a. Total lineal length of field: _____ feet	b. Total number of leach lines: _____
c. Linear loading rate: _____ gpd/ft	d. Soil Infiltrative Loading rate: _____
e. Trench depth _____ inches	
f. Engineered Drainage: <input type="checkbox"/> Yes <input type="checkbox"/> No	g. Curtain Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No



In addition to submission of the previous documentation, the following must be done prior to scheduling the site visit:

_____ Location of structure (corners) must be staked if there is currently no structure

_____ Property lines must be clearly marked

_____ Lot must be cleared of crops or high weeds. The vegetative cover on the lot (high weeds, crops, etc. must not exceed 12-inches in height or the property cannot be reviewed. If the lot is heavily wooded, you may be asked to cut trails on the lot(s) to allow us to review the topography of the lot(s).

Once the site is approved, the following must be submitted to obtain health department permits:

_____ Name of septic installer: _____

_____ Estimated cost of septic system installation : _____

_____ Name of the well driller (if applicable): _____

_____ Name of the well pump/pitless adapter installer (if applicable): _____

_____ Name of builder & foundation contractor: _____

_____ Name of plumbing contractor: _____

_____ The zoning permit or un-zoned township approval letter (*Obtain from zoning inspector or township trustee if in an un-zoned township, see attached information*)

_____ The address (*Obtain from the county engineer's office*)

_____ Recorded easements (if applicable) (*Obtain from recorder's office located in the courthouse. Many times it is located on the deed for the property*)

_____ Name of Service Provider: _____

All septic systems are required to have routine maintenance. Lists of service providers and septic haulers are available at the Health Department. The design plan and operational permit should specify the type of maintenance involved with your system.

Schedule an appointment with the inspector that completed your site evaluation to obtain your septic and well permit and authorization to obtain a building permit. Your plumber will obtain your plumbing permit. Permits are valid for one year from the date they are issued.



Because it is important to the health and safety of the occupants that the water, septic and plumbing systems are approved prior to occupancy, occupancy will not be granted by Building Regulations until all health department inspections are complete.

Owner/ applicant acknowledgement:

To the best of my knowledge, the information included in this application is complete and accurate. I understand and agree that approval for development will be subject to all applicable laws, regulations, and policies. I also understand that if changes occur which would make this application inaccurate, approvals will be void/ revoked until the new changes have been reviewed and new approvals granted. I also certify that the siting of a sewage system on this lot does not violate OAC 3701-29, Sewage Treatment Rules.

Once the septic system is approved, an operational permit will be issued. The permit will be valid for the time frame issued on the permit. **An inspection will be conducted between 12 to 18 months after the system has been approved. When the inspection is complete, you will be sent a bill for the next operational permit period.** At that time, you may be required to submit supporting documentation that you have operated your system in accordance with the maintenance requirements listed in the system's design.

Please note the health department may, at any reasonable time, inspect any small flow sewage treatment system or part thereof, sample the effluent, or take any other steps which may be necessary to insure proper compliance with Ohio Administrative Code Chapter 3701-29-01 through 3701-29-23. This will be done at the discretion of the department and may involve additional work to be done, paperwork to be filed, and may incur additional fees and/ or costs to be paid.

All permits may be revoked if the submitted plans are altered without prior approval from the health department.

Owner/Applicant signature

Date



Additional Information

2017	Septic Permit Installation Fee: \$419.00	Partial: \$335.00
2017	Operational Sewage Permit Fee: \$5.00	
2017	Well Permit Fee: \$400.00 Alteration: \$235.00	\$25.00 for each additional water sample
2017	Plumbing permit fee: \$60.00 plus \$13.00 per fixture	\$25.00 plan review fee

Other Handouts Available at the Health Department:

- Well isolation distance and other requirements
- Septic installation guidance documents
- Information on care and maintenance of your septic system
- List of Registered Plumbing Contractors
- List of Registered Septic Installers
- List of Registered Septic Pumpers
- List of Registered Service Providers
- List of System Designers
- List of Soil Evaluators

The Health Department may not recommend and does not guarantee the competency of those individuals on the list. If you know of someone who wishes to be included on the list, let us know.



CONTACT INFORMATION

Health Department

Health Commissioner: T.L. Holman, DVM, RS
Environmental Director: Ginger Magoto, RS, MS
Environmental Secretary: Teresa Plessinger 937-548-4196 ext. 209
Sewage Inspectors: Roberta Mangen, RS, MPH 937-548-4196 ext. 203
Sophie O'Connor, RS 937-548-4196 ext. 208
Plumbing Inspector: Joseph Nugent, CPI 937-548-4196 ext. 207
Sanitarians: Brittany Weitzel, SIT, Megan Kaiser, SIT, Laura Schwieterman, SIT

County Engineer: James Surber 937-547-7375
Located in the Basement of the County Courthouse, Greenville, Ohio 45331

Planning Commission/Review Board: Curtis Yount 937-547-7381
Located in the Basement of the County Administration Building, Greenville, Ohio 45331

Building Regulations: 937-547-7379
Located in the Basement of the County Administration Building, Greenville, Ohio 45331

Zoning:

Curtis Yount, 937-547-7381 for: *Adams, Brown, Butler, Franklin, Greenville, Harrison, Jackson, Liberty, Neave, Twin, Van Buren, Wayne & Wabash Townships*

Scott Peele, 937-947-1769 for *Monroe Township*

Roy Cardone, 937-423-3879, roy@roysplace.us for *Wayne Lakes*

Unzoned Townships: Contact any of the listed trustees

		<u>Phone:</u>			<u>Phone:</u>
<i>Allen:</i>	Neal Sieftring	338-6113	<i>Richland:</i>	Matthew Oliver	564-4299
	Chris Mestemaker	338-6138		Bruce Knick	337-8081
	Michael Bulcher	338-6166		Robert Wagner	337-7491
<i>Mississinawa:</i>	Tim Stump	459-0735	<i>York:</i>	Roger Heckman	526-5260
	Jeffrey Keller	467-3628		James Zumbrink	336-7932
	Eric Barga			Bill Barga	336-6573
<i>Patterson:</i>	Samuel Polhman	582-2703	<i>Washington:</i>	William Hart	968-6047
	Steven G. Puthoff	582-2007		Mark Cox	316-6224
	Steve Hoelscher	582-3202			



Darke County General Health District
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196
www.darkecountyhealth.org

Un-zoned Township Letter

*For homes/ businesses to be built or remodeled in Allen, Mississinawa,
Patterson, Richland, Washington or York Townships*

To be completed by a township trustee in the respective township.

Submit a copy to:

Darke County Health Department
300 Garst Avenue
Greenville, Ohio 45331

&

Darke County Building Regulations
520 S. Broadway
Greenville, Ohio 45331

This is to notify you that the Trustees of _____ Township, Darke County, Ohio, have inspected the proposed building site or sites of: _____ located at, _____ and do hereby make the following recommendations:

Proposed site does/does not have drainage problems with the following exceptions:

Proposed site does/does not have driveway distance problems with the following exceptions:

Other related comments:

This form is submitted for information purposes only. The Trustees acknowledge that they have no obligation to regulate the building site, drainage, or driveway sight distances in regards to this property.

(Township Trustee or authorized signature)

(Address)

(Phone number)

(Date)

Send copy to: _____ (Owner or building contractor)