



APPLICATION FOR LAND SPLIT EVALUATION

INSTRUCTIONS AND APPLICATION FORM

2021 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

Household Sewage Treatment System Evaluation	\$350.00
Health Commissioner Review	Included
Water Sample (Bacteria)	\$157.00
Total Evaluation Fee	\$507.00

Read All Before Submitting

- The land split evaluation consists of inspections by a Registered Sanitarian of the household sewage treatment system and the private water system. It also includes an evaluation of the mylar by the Health Commissioner to ensure all items are included on the plat and the property is in compliance with the Ohio Sanitary Code.
- If a septic and well are not located on the property, please fill out the land survey application.
- Incomplete applications cannot be accepted. ORIGINAL HOMEOWNER'S SIGNATURES ARE REQUIRED. Faxed or Emailed copies cannot be accepted.
- A routine Operation and Maintenance (O&M) inspection of the sewage treatment system does not satisfy the requirement for a land split inspection.
- Upon receipt of the completed application and fees, the Health Department will schedule an appointment for the inspection. If an existing well is on the property, a land split inspection must be performed on Wednesday afternoons ONLY, due to laboratory restrictions on water sample hold times.
- Appointments are scheduled on a first-come, first-served basis. If for any reason you must cancel or reschedule the appointment, you must call in at least 24 hours prior to the originally scheduled appointment.
- A scavenger registered with the Darke County Health Department must pump all septic tanks while the inspector is present. (See attached list) DO NOT HAVE THE SEWAGE SYSTEM PUMPED PRIOR TO INSPECTION. If the tank has been pumped within one year, it may not be required again.
- The lids of the septic tank and splitter and/or distribution boxes must be uncovered *prior* to the time of inspection. Most lids are within 2-3 feet from the surface; you may uncover this yourself or hire a contractor/scavenger to uncover them for you.
- All septic system components must be located on the property.



- If there are no risers on the inlet and outlet lids of the septic tank they will be required.
- If there is no riser on the splitter box or distribution box, they will be required.
- Any deteriorated items will need replaced.
- If the system has a **subsurface sand filter**, the distribution box and outlet tile must be uncovered in order to evaluate the sand filter and sample the quality of the effluent. If there is no inspection port on the outlet tile of the sand filter, one will be required.
- If the system has a drywell, see the Health Department
- All plumbing must drain into the sewage treatment system. Down spouts and sump pump drains should not drain into the sewage treatment system.
- No evaluation will be conducted if ground cover excessively obscures any components of the sewage treatment system (including high grass, snow cover & leaves). The inspection will be rescheduled when the ground cover is removed. This includes heavy amounts of rain where the conditions of the field cannot be evaluated.
- This report is indicative of the system at the time of evaluation. Any subsequent changes in weather conditions, number of occupants, or water usage may affect the system operation.
- The sanitarian's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage treatment system and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of the home sewage treatment system.
- Soils must be evaluated to designate the replacement septic system area. Replacement areas should remain undisturbed.
- New building lots must have at least 1.5 acres net (without right-of way) or more dependent upon the size of the home, number of outbuildings, driveways, parking areas, disturbed area, topography, etc. **2 soil areas need to be designated, one for the new system and one for the replacement. Soil evaluations help determine what type of septic system is installed. The number of possible bedrooms in a home determines the size of the septic system. Please see the Health Departments' bedroom policy for clarification.**
- The minimum amount of acreage required cannot be confirmed until this evaluation is completed. It is recommended that you have this evaluation done prior to any surveying, but you have an idea of where the property lines will be located.
- The Health Department requires the private water system to be tested for total coliform bacteria and pre-screened for nitrate. Other parameters can be tested for an additional fee; those



parameters and fees are available at the Health Department. No lead testing will be completed by the Health Department. A satisfactory result will be required.

- Because dug wells and cisterns may pose a safety hazard, they must be properly abandoned prior to final approval. Any other wells no longer in use must be sealed. All wells and cisterns must be shown to the sanitarian. All hydrants must have backflow prevention devices.
- We recommend chlorinating the well before we take the water sample. Instructions for chlorination are available at the health department or on the website www.darkecountyhealth.org. However, all of the chlorine must be flushed from the system before we take a sample. If there is a presence of chlorine in the water when we show up, a reinspection fee of \$60 must be paid prior to scheduling another water sample.
- If the well is below-grade in a concrete pit, it may need to be brought above-grade and the pit abandoned. A well alteration permit is required for this work. The 2021 well alteration permit fee is \$260.00.
- The property must have access to a county tile or stream that flows year round. If this is not found on the property, legally recorded easements/affidavits are required for each property that the tile crosses until it ties into a stream or county tile. Examples of these documents are available at the Health Department but should be prepared by a lawyer.
- In order to be on the Planning Commission agenda, property owner must see Curtis Yount, Zoning Inspector and Planning Commission secretary, at 520 S. Broadway, Greenville, OH, (937)547-7381.
- **Site Review occurs the Friday a week before the Planning Commission meeting. All paperwork and final inspections should be done at this time with survey submitted to be considered as going to Planning Commission.**

NOTE: If the land split is for building lot approval, a site evaluation application still must be completed in order for the lot to be considered approved by the Health Department for building. This application requires the submission of soil test results for primary and replacement septic system areas.

Requirements for land split approval (please review flow chart if necessary):

- ___ 1. Satisfactory inspection of home sewage treatment system (see attached inspection form)
- ___ 2. Satisfactory water sample tested for total coliform bacteria (see attached inspection form)



- ___ 3. Soil testing for replacement septic area
- ___ 4. An unzoned township approval letter (if required); attached to this application
- ___ 5. All necessary affidavit and/or easements recorded and submitted to the Health Dept. Any affidavits submitted must be recorded easements after land split approval and submitted to the Health Department.
- ___ 6. A copy of the mylar submitted to the Health Dept prior to Planning Commission meeting.

In addition to Planning Commission requirements, the following items the must be included on the mylar/plat in order to obtain Health Department approval:

- ❖ Location of primary septic system
- ❖ Location of backup septic system area
- ❖ Location of the well
- ❖ Site Map
- ❖ Drainage (curtain and/or sewer) easements- 30 foot in width
- ❖ Location of county tile/ ditch/ stream
- ❖ Engineer’s and Zoning inspector’s (if zoned township) signatures

List of Pumpers

Barnes Sewer & Septic	Winchester, IN	765-584-7295	1250 gallon
Bob’s Excavating	Ludlow Falls, OH	937-698-4694	2300 gallon
Booso’s Septic Cleaning	Lewisburg, OH	937-962-4435	1500 gallon
Cooper’s Sanitary Service	West Milton, OH	937-698-6200	2000 gallon
D & H Construction	Bradford, OH	937-448-8071	1500 gallon
Flatter’s Septic Tanks	Greenville, OH	937-548-7667	2150 gallon
Frantz Septic Cleaning	Bradford, OH	937-448-2138	2000 gallon
Frech’s Cleaning Service	New Madison, OH	937-996-1615	2500 gallon
Mike’s Sanitation	New Bremen, OH	419-629-3695	5000 gallon
Porta Kleen Industrial Services	Lancaster, OH	740-689-1886	1500 gallon
Roto Rooter	Dayton, OH	937-496-3975	3150 gallon



APPLICATION FOR LAND SPLIT EVALUATION

Applicant Name _____

Mailing Address _____

City _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

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

LOCATION OF REQUESTED EVALUATION

Current Owner's Name _____

Property Address _____

City _____ Township _____

Phone #: _____ Fax #: _____

Email Address: _____

Directions to property :

Is the existing and proposed property in a flood plain? _____

Is the home occupied or vacant? _____ If vacant, how long? _____

When was the home built? _____ Number of bedrooms: _____

Total acreage of property proposed for land split: _____

The location and area of the septic system and/or replacement area is dependent on the soil evaluation and site of the home.

Amount of acreage to be subdivided with buildings/home: _____

Number of wells on property: _____ Number of cisterns on property: _____

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:

The following shall be submitted (if available):

- Deed
- Property Affidavits
- Easements

ADDITIONAL WATER TESTING

I would like the following **additional** parameters tested:

OTHER: _____	LABORATORY FEE: _____
OTHER: _____	LABORATORY FEE: _____
OTHER: _____	LABORATORY FEE: _____
OTHER: _____	LABORATORY FEE: _____

ADDITIONAL WATER TESTING TOTAL: _____

The sanitarian’s opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage treatment and water systems and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of these systems.

The owner/applicant agrees to the requirements of the special service inspection and understands that upgrades may be required if deemed appropriate by the Health Department. The applicant also understands that the system will be placed under the Operational Permitting Program of the Darke County Health Department. Please see Operational Permit Pamphlet for additional information regarding this program.

The applicant understands the water system rules require the water system to be flushed for a minimum of 10 minutes prior to taking the water sample. A faucet or spigot must be turned on to take the sample. The applicant is responsible for ensuring that the water faucet/ spigot are in good condition and turned off to their satisfaction upon leaving. The Health Department is not responsible for faulty faucets or drains.



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

If the pre-screen is positive, a laboratory sample for nitrates will be collected and you will be subsequently billed the collection fee for nitrates: \$12.00. If for any reason the appointment needs to be cancelled or rescheduled, you must call at least 24 hours prior to the originally scheduled appointment.

Applicant _____ **Date** _____

Homeowner or legal representative _____ **Date** _____

2021 Fee: \$507.00 (\$350.00 sewage + \$157.00 water)



FOR OFFICE USE ONLY

Driver's License #: _____

HSTS Receipt #: _____ **Date Paid:** _____

1st WS Receipt #: _____ **Date Paid:** _____

Additional WS Receipt #: _____ **Date Paid:** _____

Additional WS Receipt #: _____ **Date Paid:** _____

Additional WS Receipt #: _____ **Date Paid:** _____

Appointment Date & Time: _____

HSTS EVALUATION

Date: _____ **Inspector:** _____

Date Pumped _____ **Pumper:** _____ **# Gallons:** _____

Corrections Needed? NONE YES: _____

Date Re-Inspected: _____ **Inspector:** _____

Comments: _____

Under O & M? Yes No **O & M Permit #** _____ **Month:** _____

Easement required? Yes No **Replacement area ok?** Yes No

Soil Testing Required? Yes No **Alteration required?** Yes No

Installer: _____ **Est. Cost:** _____

Permit requirements (sizing, etc.): _____



WATER SYSTEM EVALUATION

Location	Inspector	Date	AR#	Results	
1 st Sample: _____	_____	_____	_____	_____	
2 nd Sample: _____	_____	_____	_____	_____	
*Will need enhanced disinfection					
3 rd Sample: _____	_____	_____	_____	_____	
Type of well:	Above grade	Pit	Buried Seal	Dug	Other: _____
Condition of well:	_____				
Additional Results/Comments:	_____				
Additional wells/cisterns checked:	_____				