



APPLICATION FOR HOME REMODEL/ADDITION EVALUATION

INSTRUCTIONS AND APPLICATION FORM

2023 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

Household Sewage Treatment System Evaluation	\$257.75
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Read All Before Submitting

- Work done prior to permit or approval will result in **DOUBLE** fees.
- House plans must be submitted with this application. Existing homes may need inspected to comply with the Darke County Board of Health Bedroom policy.
- 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 home sale/refinance/remodel inspection.
- Upon receipt of the completed application and fees, the Health Department will schedule an appointment for the inspection.
- 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 the septic tank while the inspector is present. (See attached list) **DO NOT HAVE THE SEWAGE SYSTEM PUMPED PRIOR TO INSPECTION.**
- 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.
- 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.
- If the system has a dry well, stop and call the Health Department.



- If the system has a subsurface sand filter, the outlet tile must be uncovered in order to sample the quality of the effluent. A backhoe is typically required needed to uncover this component. If there is no inspection port on the outlet tile of the sand filter, one will be required.
- System upgrades may be required dependent upon condition of existing system and type of addition/remodel.
- All plumbing must drain into the sewage treatment system. Down spouts and sump pump drains should not drain into the sewage treatment system. Access to view crawl space or basement must be allowed.
- 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.
- The sanitarian's evaluation does not determine property line boundaries, the location of wells with casings that do not extend above grade or whether or not the sewage treatment system traverses the boundaries of the property being evaluated.
- This application *cannot* be used for a land split or subdivision, sale or refinance of a property, other forms available. See the Health Department
- If the remodel/addition includes plumbing, the water system may not be from a dug well or a cistern that is not in compliance with the private water system rules. These systems are no longer permitted in Darke County. It is recommended that the water system is chlorinated and tested for bacteria after the work is complete. See the application for private water testing for more information.



List of Septic Pumpers

Alexander Sewer & Drain	Casstown, OH	937-985-0068	2500 gallon
Barnes Sewer & Septic	Winchester, IN	765-584-7295	1500 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
Crowell Plumbing	Eaton, OH	937-456-4951	1200 gallon
D & H Construction	Bradford, OH	937-448-8071	1500 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	513-330-6713	1500 gallon
Prime Pumping Services	Camden, OH	937-553-7400	2000 gallon
Roto Rooter	Dayton, OH	937-496-3975	3150 gallon

STOP!

Are all of the following submitted with this application!

- House plans
- Zoning permit or Un-zoned Township Letter
- System up to Ohio Revised Code 3701-29
- Well casing is satisfactory and secure

Once the special service is complete, you may apply to get your plumbing permit. Any work done prior to this application will be **DOUBLED!**



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.

Applicant _____ **Date** _____

Homeowner or legal representative _____ **Date** _____

FOR OFFICE USE ONLY

Driver's License #: _____

HSTS 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.): _____