



Darke County General Health District  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196  
[www.darkecountyhealth.org](http://www.darkecountyhealth.org)

## SEWAGE REAIR/REPLACEMENT EVALUATION

### INSTRUCTIONS AND APPLICATION FORM

<b>Sewage Repair/Replacement Application Fee:</b>	<b>No charge</b>
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- The Health Department staff is available for free consultative services to homeowners who are experiencing problems with their existing sewage treatment systems upon receipt of this evaluation form.
- A soil evaluation is required for all new and replacement septic systems installed. A soil evaluation may also be required for any substantial soil absorption additions. A list of Certified Soil Scientists is available at the Health Department.
- The 2016 permit fee for a new or replacement septic system is \$390.00. This includes the Operation permit for the first year. (Please see O/M pamphlet for additional information about the Operation permit.)
- The 2016 permit fee for a septic system alteration is \$300.00. This includes the Operation permit for the first year. (Please see O/M pamphlet for additional information about the Operation permit.)

#### **Handouts available at the Health Department:**

- Septic installation guidance documents
- Information on care and maintenance of your septic system
- List of Registered Septic Installers
- List of Registered Septic Pumpers
- List of Registered Service Providers
- List of System Designers
- List of Certified Soil Scientists

*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.*



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**SEWAGE REAIR/REPLACEMENT EVALUATION APPLICATION**

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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: \_\_\_\_\_

Is the home occupied or vacant? \_\_\_\_\_ If vacant, how long? \_\_\_\_\_

When was the home built? \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Briefly explain why you are requesting this evaluation: \_\_\_\_\_

\_\_\_\_\_

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** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Appointment Date & Time: \_\_\_\_\_

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**HSTS EVALUATION**

Approved \_\_\_ Disapproved \_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Date Pumped \_\_\_\_\_ Pumper: \_\_\_\_\_ # Gallons: \_\_\_\_\_

Corrections Needed: \_\_\_\_\_

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Date Re-Inspected: \_\_\_\_\_ Inspector: \_\_\_\_\_

Under O & M? Yes No O & M Permit # \_\_\_\_\_ Month: \_\_\_\_\_

Easement required? Yes No Affidavit required? Yes No

Replacement area ok? Yes No Soil Testing Required? Yes No

Alteration required? Yes No Installer: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

Permit requirements (sizing, etc.): \_\_\_\_\_

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