



Darke County General Health District
300 Garst Ave.
Greenville, OH 45331
(937) 548-4196

LAND SPLIT PROCESS

Attention*

Please contact the Health Department with any questions during this process.

Building site will not approved until land split is complete (fees may **DOUBLE** if work begins prior to approval)

Septic and well updates may be required

Dug Wells and Cisterns will need to be properly abandoned. Hydrants will need backflows.

List of sewage contractors, land surveyors, soil evaluators, etc. are located at the Health Department.

Talk with Planning and Zoning to get on agenda for site review or have a land surveyor do so.
Curtis Yount
(937) 547-7381

Will either of the resulting parcels be less than 20 acres?

No

The Health Department can perform inspection on request, not required.

Yes

Will the parcel be a building lot?

No

Fill out application for Land Survey Evaluation

Yes

A certified soil scientist will need to do a soil evaluation for the property to establish a replacement area and possible initial area. Keep following steps.

Drainage affidavits and easements must be obtained to the nearest county tile

Is the property located in a zoned township?

No

The unzoned township letter must be filled out and returned to the Health Department

Yes

Are there buildings, barns, wells, cisterns or septic systems on the property?

No

Fill out application for Land Survey Evaluation and give all necessary paperwork to the Planning Commission for review.

Have the land surveyed, and give a copy of the Mylar to the Health Department

Schedule an appointment for a sanitarian to evaluate the septic system, property and well, also have septic pumper at the inspection to pump the tank.

Schedule an appointment for a sanitarian to evaluate the septic system, property and well.

Schedule without septic pumper

No

Yes

Was the septic tank pumped in the last year?

Yes

Is there a working secondary system on the property? (ex; a leachfield)

No

See next page

Have the land surveyed, and give a copy of the Mylar to the Health Department

Give all necessary paperwork to the planning commission for review



APPLICATION FOR LAND SPLIT EVALUATION

INSTRUCTIONS AND APPLICATION FORM

2020 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

Household Sewage Treatment System Evaluation	\$350.00
Health Commissioner Review	Included
Water Sample (Bacteria)	\$150.00
Total Evaluation Fee	\$500.00

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.



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 2020 well alteration permit fee is \$210.00.
- 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)



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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:



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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: \$17.50. 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** _____

2020 Fee: \$500.00 (\$350.00 sewage + \$150.00 water)



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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: _____					