

BUILDING SITE APPLICATION

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

2023 APPLICATION FEE (ALL FEES ARE NON-REFUNDABLE)

Site Application Fee	\$330.00
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PLEASE READ ENTIRE FORM SECTION #1

Prior to submitting the above fee and the evaluation of your lot, the following must be complete:

Application submitted by (circle one):	Builder	Home	eowner	Installer
Applicant Name:				
Applicant Mailing Address:				
City:	Stat	e:	Zip: _	
Phone #:	Fa	ax #:		
Email Address:				
Owner's Name:				
Owner's Mailing Address:				
City:				
Phone #:	Fa	ax #:		
Email Address:				
Site Address:				
City:	Tow	nship:		
Directions to property:				
Total Acreage (minimum of 1.5):	Subdivisio	on Name: _		Lot #:
Township #: l	Range #:		Section #:	
Has the lot already been split, platted	& recorded?	Y N	If yes, date re	ecorded:
Is the lot going to be split in the imme	diate future?	Y N	Date anticipa	ted:





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. Name of County tile/ditch:__ C.) Existing tile to county tile, county ditch, or stream (must have recorded easement) D.) New tile to be installed to county tile, county ditch, or stream (must have recorded easement) Is the property in a flood plain? Yes No 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 yard hydrant be installed on the property? (Please circle) No Yes If yes, please refer to page #6 for hydrant requirements. 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. **STOP!** Are the following turned in with this application? Submit a site and soil evaluation report completed by a certified soil scientist. A list of soil scientists is available at the Health Department. Zoning permit or Un-zoned township letter (See page 10). Submit surveyed copy of the plat/mylar (Obtain from County Engineer's office located in basement of courthouse). Submit Houseplans so Health Department can determine number of bedrooms (see page 9). Submit page 3 to the best of your knowledge on locations of structures. Sewage designer can submit for septic design.

A copy of the easement for tying into your neighbors curtain drain.





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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 paragraph (B) of Section 3701-29-8.1 of the Darke County Home 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 household 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 3701-29-18. 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	Ι	Date
FOR OFFICE USE ONLY	Driver's License #	
Site Receipt #:	Date Paid:	
Date of Appointment:	Time:	

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THEADER COUNTY SECTION #2

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The following must be done prior to scheduling the site visit: Location of home must be staked (corners)

______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(s) are heavily wooded, you may be asked to cut trails on the lot(s) to allow us to review the topography of the lot(s).

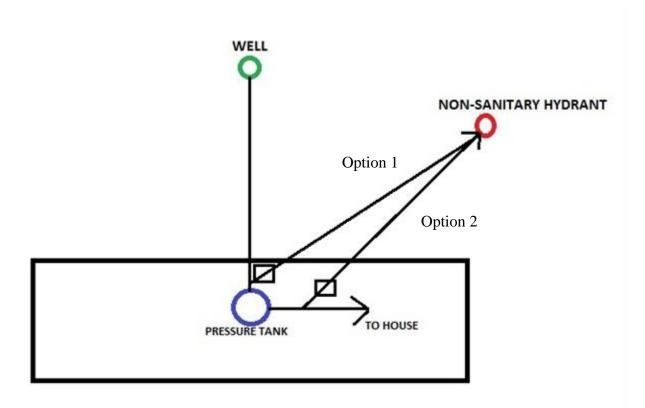
SECTION #3

The folio	owing must be submitted to obtain health department permits:
	Name of septic installer:
	Estimated cost of septic system installation:
	Name of the well driller:
	Name of the well pump/pitless adapter installer:
	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) Easements are required for drainage on new properties
	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.



Option #1 – Non-sanitary hydrants that are plumbed in water line before the pressure tank need a backflow device that meets ASSE 1024, 1015, or 1013 standards. A well alteration permit is needed for this connection if the well is existing and there is no permit already.

Option #2 – Non-sanitary hydrants that are plumbed in the water line going to the rest of the house after the pressure tank needs a backflow device that meet ASSE 1013 standards which requires yearly testing with records kept by the homeowner. This connection requires a plumbing permit.

Option #3 – Install sanitary yard hydrants with built-in backflow devices. A well alteration permit is needed for this type of hydrant if the well is existing and there is no permit already.



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FOR OFFICE USE ONLY

Lot is: Approved Pending (need documentation: Disapproved (reasons):			piration Date:				
			(need do	cumentation:			
		11	· ·	,			
			spector			Date	
System t							
Number	of Bed	lrooms:		Square Foota	ıge:	System Flow (GPD):	
Type of installation: New Replacement Alteration			n Estimated Cost:				
Type of s	soil: _				Installer: _		
Limiting	Cond	ition & De	epth:			Vertical Separation Distance: _	
New Tan	k size	:			Existing Ta	nk Size:	
Pretreatm	nent?	Yes	No D	epth credit/sizin	g reduction: _		
Drain Type: None Perimeter Interceptor			Engineered	Other			
Drain spa	acing a	& depth (re	equired f	for engineered dr	ainage):		
□ Leachi	field						
T	rench	depth:		Trench width	:	Number of Trenches:	
T	rench	Length:		Chambers:	Y or N		
□ Mound	d						
A	ttach	design					
□ NPDE	S Aer	ation					
M	lanufa	cturer:					
NPDES Permit #:			Date Issued:				
□ Other							
S	ystem	descriptio	n:				



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Additional Information

2023 Septic Permit Fee: \$525.00 Alteration: \$325.00 Operation Sewage Permit Fee: \$5.00

Well Permit Fee: \$532.15 Alteration: \$323.15 \$38.15 for each additional water sample

2023 Plumbing permit fee: \$70.00 plus \$15.00 per fixture \$25.00 plan review fee

Handouts Available at the Health Department:

Well isolation distance and other requirements

Septic installation guidance documents

o Information on care and maintenance of your septic system

List of Registered Plumbing Contractors

o List of Registered Septic Installers

List of Registered Septic Pumpers

List of Registered Service Providers

List of System Designers

List of Soil Evaluators

Health Department

Health Commissioner: Jordan Francis, MPH

Environmental Director: Ginger Magoto, MS, MPH, REHS

Environmental Secretaries: Tonya Coning 937-548-4196 ext. 209

Kim Pickett 937-548-4196 ext. 232

Sewage Sanitarians:

Cody Snider, EHST

cody.snider@darkecountyhealth.org 937-548-4196 ext. 208

Zachary Perry, REHS 937-548-4196 ext. 205

zachary.perry@darkecountyhealth.org

Plumbing Inspector:

Sanitarians: Abby Ross, EHST 937-548-4196 ext. 225

Nathan Epperly, EHST 937-548-4196 ext. 203

Caitlin Molina, REHS 937-548-4196 ext. 206





County Engineer: James Surber 937-547-7375 Located in the Basement of the County Courthouse, 504 S. Broadway St. Greenville, Ohio 45331

Planning Commission/Review Board: Curtis Yount 937-547-7381 Located in the Basement of the County Administration Building, 520 S. Broadway St. Greenville, Ohio 45331

Building Regulations: Tina Mckee 937-547-7379 Located in the Basement of the County Administration Building, 520 S. Broadway St. Greenville, Ohio 45331

Rooms that will be considered a possible bedroom:

- Anything labeled a bedroom or sleeping room
- Office, den, study, library, sewing room, bonus room, game room, or any of these type rooms that are over 70 sq. ft. in size.
- Up to 2,000 sq. ft. (unfinished) in a basement is equal to 1 bedroom
- Greater than 2,000 sq. ft (unfinished) in a basement is equal to 2 or more bedrooms depending upon the size or walls.
 - o In addition to the above, if separate rooms exist in the basement that are not for the furnace, water heater, or other utilities, and at least 1 bathroom is in the basement, an additional bedroom will be counted for every room separation.

*Contact the health Department for full bedroom policy approved by the Board of Health

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

Scott Peele, 937-947-1769 for Monroe & Greenville Townships

Unzoned Townships: Contact any of the listed trustees to fill out Unzoned Township Letter on following page.

		Phone:		Phone	<u>):</u>
Allen:	Neal Siefring	338-6113	Richland:	Matthew Oliver	564-4299
	Chris Mestemaker	338-6138		Bruce Knick	337-8081
	Michael Bulcher	338-6173		Jerry Marker	547-0085
Mississinawa.	· Tim Stump	459-0735	York:	Roger Heckman	526-5260
	Jeffrey Keller	467-3628		James Zumbrink	336-7932
	Eric Barga			Bill Barga	336-6573
Patterson:	Samuel Pohlman	582-2703	Washington:	William Hart	968-6047
	Steven Puthoff	582-2007		Mark Cox	316-6224
	Steve Hoelscher	582-3202		Donald Weiss	548-7236

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Un-zoned Township Letter

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For homes 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 Departr 300 Garst Avenue Greenville, Ohio 45331	nent &	Darke County Building Regulations 520 S. Broadway Greenville, Ohio 45331
This is to notify you that the Tohio, have inspected the proposed but		Township, Darke County, or sites of:located at, and do hereby make the
following recommendations:		
Proposed site does/does	s not have d	rainage problems with the following exceptions:
Proposed site does/does not h	ave drivewa	ay distance problems with the following exceptions:
Other related comments:		
		only. The Trustees acknowledge that they have no or driveway sight distances in regards to this
-	(Township	Trustee or authorized signature)
-		(Address)
-		(Phone number)
		(Date)
Send copy to:		(Owner or building contractor)