



## BUILDING SITE APPLICATION

### 2024 APPLICATION FEE (ALL FEES ARE NON-REFUNDABLE)

Site Application Fee	\$365.00
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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      Homeowner      Installer

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Site Address:** \_\_\_\_\_

City: \_\_\_\_\_ Township: \_\_\_\_\_

Directions to property: \_\_\_\_\_

Total Acreage (**minimum of 1.5**): \_\_\_\_\_ Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Township #: \_\_\_\_\_ Range #: \_\_\_\_\_ Section #: \_\_\_\_\_

Has the lot already been split, platted & recorded?    Y    N    If yes, date recorded: \_\_\_\_\_

Is the lot going to be split in the immediate future?    Y    N    Date anticipated: \_\_\_\_\_



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)      Yes      No**

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.





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

**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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Driver’s License #** \_\_\_\_\_

**Site Receipt #:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Date of Appointment:** \_\_\_\_\_

**Time:** \_\_\_\_\_

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## **SECTION #2**

**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 following 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

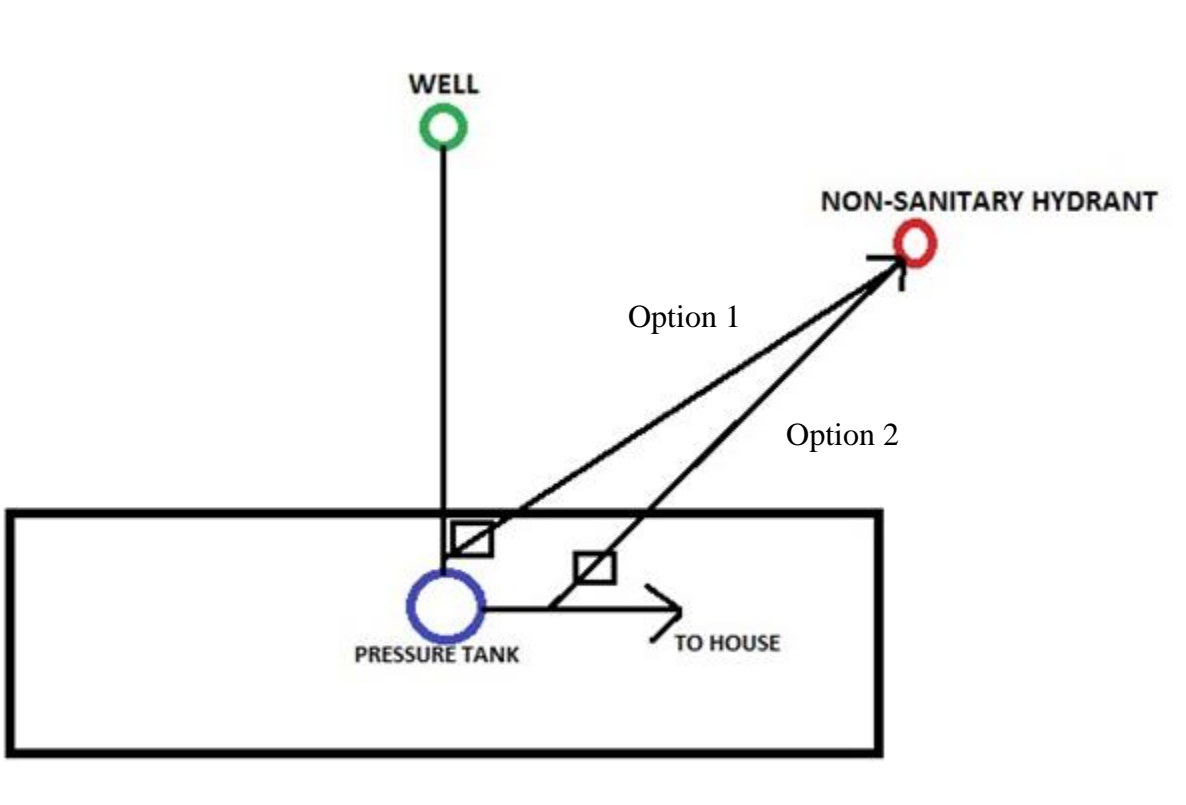
\_\_\_\_\_ Name of Service Provider: \_\_\_\_\_

*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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- Lot is:**
- Approved Approval Expiration Date: \_\_\_\_\_
  - Pending (*need documentation*): \_\_\_\_\_
  - Disapproved (*reasons*): \_\_\_\_\_

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Inspector \_\_\_\_\_

Date \_\_\_\_\_

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**System to be installed:**

Number of Bedrooms: \_\_\_\_\_ Square Footage: \_\_\_\_\_ System Flow (GPD): \_\_\_\_\_

Type of installation:      New      Replacement      Alteration      Estimated Cost: \_\_\_\_\_

Type of soil: \_\_\_\_\_ Installer: \_\_\_\_\_

Limiting Condition & Depth: \_\_\_\_\_ Vertical Separation Distance: \_\_\_\_\_

New Tank size: \_\_\_\_\_ Existing Tank Size: \_\_\_\_\_

Pretreatment?   Yes      No      Depth credit/sizing reduction: \_\_\_\_\_

Drain Type:   None                  Perimeter                  Interceptor                  Engineered                  Other

Drain spacing & depth (required for engineered drainage): \_\_\_\_\_

**Leachfield**

    Trench depth: \_\_\_\_\_      Trench width: \_\_\_\_\_      Number of Trenches: \_\_\_\_\_

    Trench Length: \_\_\_\_\_      Chambers:   Y    or    N

**Mound**

    Attach design

**NPDES Aeration**

    Manufacturer: \_\_\_\_\_

    NPDES Permit #: \_\_\_\_\_      Date Issued: \_\_\_\_\_

**Other**

    System description: \_\_\_\_\_



**Additional Information**

2024	Septic Permit Fee: \$564.00	Alteration: \$358.00	Operation Sewage Permit Fee: \$5.00
2024	Well Permit Fee: \$582.15	Alteration: \$353.15	\$40.50 for each additional water sample
2024	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
- Information on care and maintenance of your septic system
- List of Registered Plumbing Contractors
- 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

*Sanitarians:*  
Abby Ross, REHS 937-548-4196 ext. 225  
Nathan Epperly, EHST 937-548-4196 ext. 203  
Caitlin Molina, REHS 937-548-4196 ext. 206





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**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.

		<u>Phone:</u>			<u>Phone:</u>
<i>Allen:</i>	Neal Siefring	338-6113	<i>Richland:</i>	Matthew Oliver	564-4299
	Chris Mestemaker	338-6138		Bruce Knick	337-8081
	Michael Bulcher	338-6173		Jerry Marker	547-0085
<i>Mississinawa:</i>	Tim Stump	459-0735	<i>York:</i>	Roger Heckman	526-5260
	Jeffrey Keller	467-3628		James Zumbrink	336-7932
	Eric Barga			Bill Barga	336-6573
<i>Patterson:</i>	Samuel Pohlman	582-2703	<i>Washington:</i>	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

*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 Department  
300 Garst Avenue  
Greenville, Ohio 45331

&

Darke County Building Regulations  
520 S. Broadway  
Greenville, Ohio 45331

This is to notify you that the Trustees of \_\_\_\_\_ Township, Darke County, Ohio, have inspected the proposed building site or sites of: \_\_\_\_\_ located at, \_\_\_\_\_ and do hereby make the following recommendations:

Proposed site does/does not have drainage problems with the following exceptions:

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Proposed site does/does not have driveway distance problems with the following exceptions:

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Other related comments:

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This form is submitted for information purposes only. The Trustees acknowledge that they have no obligation to regulate the building site, drainage, or driveway sight distances in regards to this property.

\_\_\_\_\_  
(Township Trustee or authorized signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Date)

Send copy to: \_\_\_\_\_ (Owner or building contractor)