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

BUILDING SITE APPLICATION

2025 APPLICATION FEE (ALL FEES ARE NON-REFUNDABLE)

Site Application Fee	**$375.00**

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: _____

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Number of bedrooms that will be in the home:_____

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 House plans 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 drainage easement.

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Septic System Design Sheet

System Design Preparer: _____

Date Design Submitted to HD: _____

Design Requirements

_____ North Arrow
_____ Soil Test Holes
_____ Soil Test Area
_____ Well Location and Approximate Distance
_____ Geothermal System/Propane Tank/Heat Source
_____ Stream/Ditch/Pond
_____ Septic Replacement Area
_____ All Nearby Buildings
_____ Outlet Tile
_____ Cleanout
_____ Property Lines
_____ Daily Design Flow
_____ Number of Leach Lines
_____ Depth of Leach Lines
_____ Width of Leach Lines
_____ Length of Leach Lines
_____ Septic Tank Size
_____ Lift Station Size
Y N Chambers
_____ Benchmark (must be clearly marked at site)
_____ Leach Line Elevations
_____
_____
_____
_____ Curtain Drain and Inspection Port (**easements are required on new septic systems**)

Residence or Business (Circle One)

Designer Phone #: _____

Additional Comments:

_____

***Do NOT submit design until the site is flagged and ready to be inspected**

Property Owner: _____

Scale (if known): _____

Site Address: _____

_____

Revised December 2019

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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. I certify that I understand the Darke County Health Department's Bedroom Policy and have an accurate number of bedrooms listed on page 2.

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 ensure 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.

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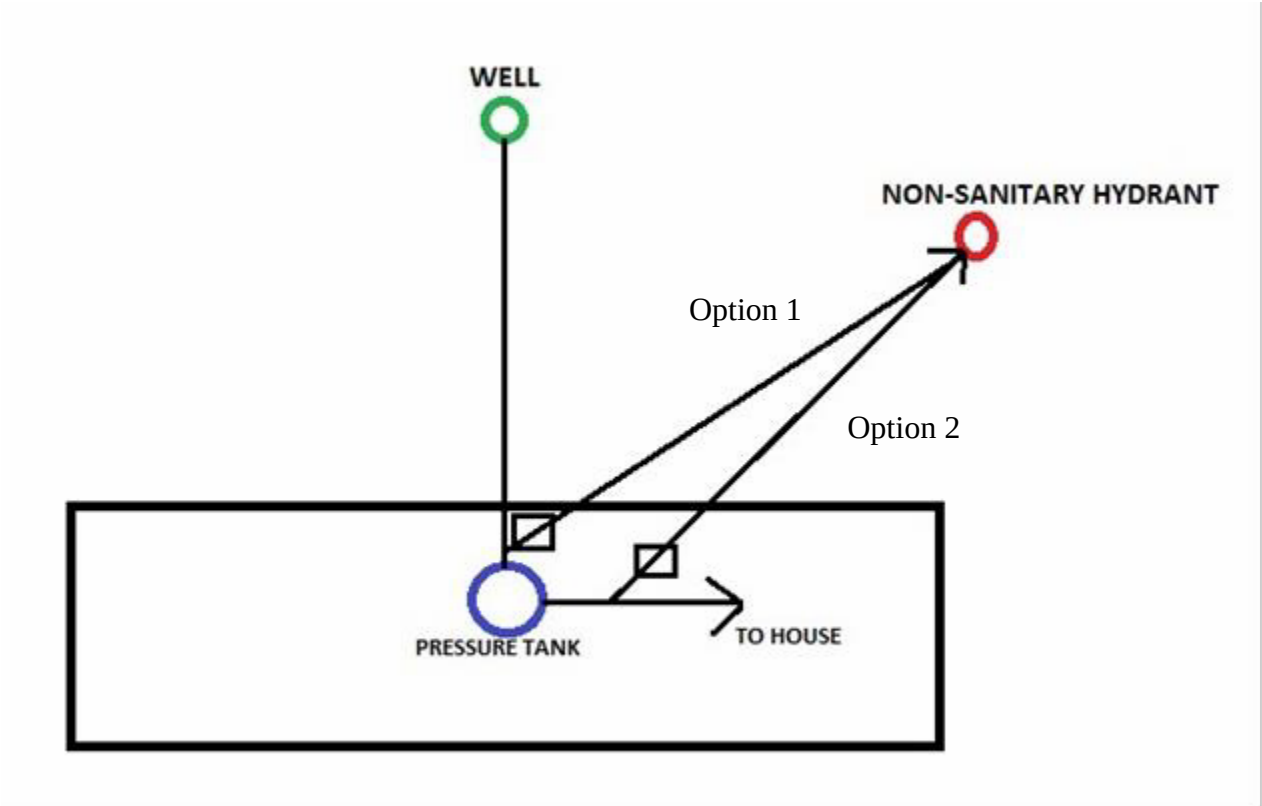
Schedule an appointment with the inspector that completed your site evaluation to obtain your septic and well permit and authorization to obtain a building permit. Your plumber will obtain your plumbing permit. Permits are valid for one year from the date they are issued.

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 Approval Expiration Date: _____

□ Pending (*need documentation:* _____

□ Disapproved (*reasons*): _____

_____ _____

Inspector Date

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: _____

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Additional Information

2025 Septic Permit Fee: $564.00 Alteration: $375.00 Operation Sewage Permit Fee: $5.00

2025 Well Permit Fee: $580.45 Alteration: $358.95 $43.95 for each additional water sample

2025 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:	Hayley Reier	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
	Abby Ross, REHS abby.ross@darkecountyhealth.org	937-548-4196 ext. 225
Sanitarians:	Zachary Perry, REHS	937-548-4196 ext. 205
	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: 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 may be considered a 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.
- 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 may be counted for every room separation.

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

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

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

Curtis Lambert, 937-417-3240 for *Twin & Van Buren Townships*

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

		Phone:			Phone:
Allen:	Neal Siefring	423-1174	*Richland:*	Matthew Oliver	564-4299
	Chris Mestemaker	423-5555		Bruce Knick	337-8081
	Michael Bulcher	459-6873		Jerry Marker	459-3339
Mississinawa:	Tim Stump	459-0735	*York:*	Roger Heckman	526-5260
	Jeffrey Keller	467-3628		James Zumbrink	336-7932
	Eric Barga	459-7026		Bill Barga	623-7961
Patterson:	Samuel Pohlman	302-8740	*Washington:*	Luke Leber	564-2524
	Steven Puthoff	658-0947		Mark Cox	423-8844
	Steve Hoelscher	726-2034		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:

_____

_____

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

_____

_____

Other related comments:

_____

_____

This form is submitted for <u>information purposes</u> 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)

How to Build a Home in Rural Darke County

Building Site Application

Start

Review this application

Fill out Section 1 of the Building Site Application, pay the fee & turn in to health department

Determine if a county tile is located on the property. Obtain easement, if necessary all the way to the county tile. Required for new buildings

Hire a certified soil scientist to test the soils on the property for the septic system

Have the septic system designed

Fill out Section 2 of the Building Site Application & schedule site inspection

Have the corners of the proposed home staked off, soil testing flags must still be present

Property lines must be visible and clearly marked

The site approval is good for 5 years

Fill out Section 3 of Building Site Application

Fill out the names of contractors doing plumbing, foundation, septic, and well work for the home

Bring a copy of the zoning permit or unzoned township letter

Bring a copy of all recorded easements through any properties to the county tile

Sections 1-3 **MUST** be completed & turned into the health department. Make an appointment with a sanitarian to issue septic and well permits

Well Approval: Purchase application when well is to be drilled & location known. We approve the location within 10 days of purchase

The well location needs to be marked and the health department needs to approve the site

The well can be drilled

If a plumber or private water system is connecting the well to the house, the plumber will need to call to get the pitless adapter inspected by the health department.

The well needs to be chlorinated and all chlorine out of the lines for the health department to take a water sample & final the well work. (Well permits are good for 1 year)

Septic System Approval: It is recommended that the sewage installer obtain the permit

The installer will schedule the septic system inspection and give us they final paperwork. The homeowner is responsible for making sure the septic system is installed before septic permit expires 1 year from purchase

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