



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

## BUILDING SITE APPLICATION

### 2026 APPLICATION FEE (ALL FEES ARE NON-REFUNDABLE)

Site Application Fee	\$375.00
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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: \_\_\_\_\_



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.

Design Requirements

- \_\_\_\_\_ North Arrow
- \_\_\_\_\_ Soil Test Holes
- \_\_\_\_\_ Soil Test Area
- \_\_\_\_\_ Septic Replacement Area
- \_\_\_\_\_ All Nearby Buildings
- \_\_\_\_\_ All wells
- \_\_\_\_\_ Stream/Ditch/Pond
- \_\_\_\_\_ Other structures/geothermal/  
propane
- \_\_\_\_\_ Outlet Tile
- \_\_\_\_\_ Cleanout
- \_\_\_\_\_ Property Lines
- \_\_\_\_\_ Benchmark (must be clearly  
marked at site)
- \_\_\_\_\_ Leach Line Elevations
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ Tank/Lift Station Elevation
- \_\_\_\_\_ Distribution Box Elevation
- \_\_\_\_\_ Curtain Drain and Inspection Port  
( **easements are required on new  
septic systems**)

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: \_\_\_\_\_  
\_\_\_\_\_







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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. **Any work started without site approval or without obtaining the proper permits may be subject to double fees, per the Board of Health.**

\_\_\_\_\_  
Owner/Applicant signature

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

Driver's License # \_\_\_\_\_

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

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

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

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



## **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

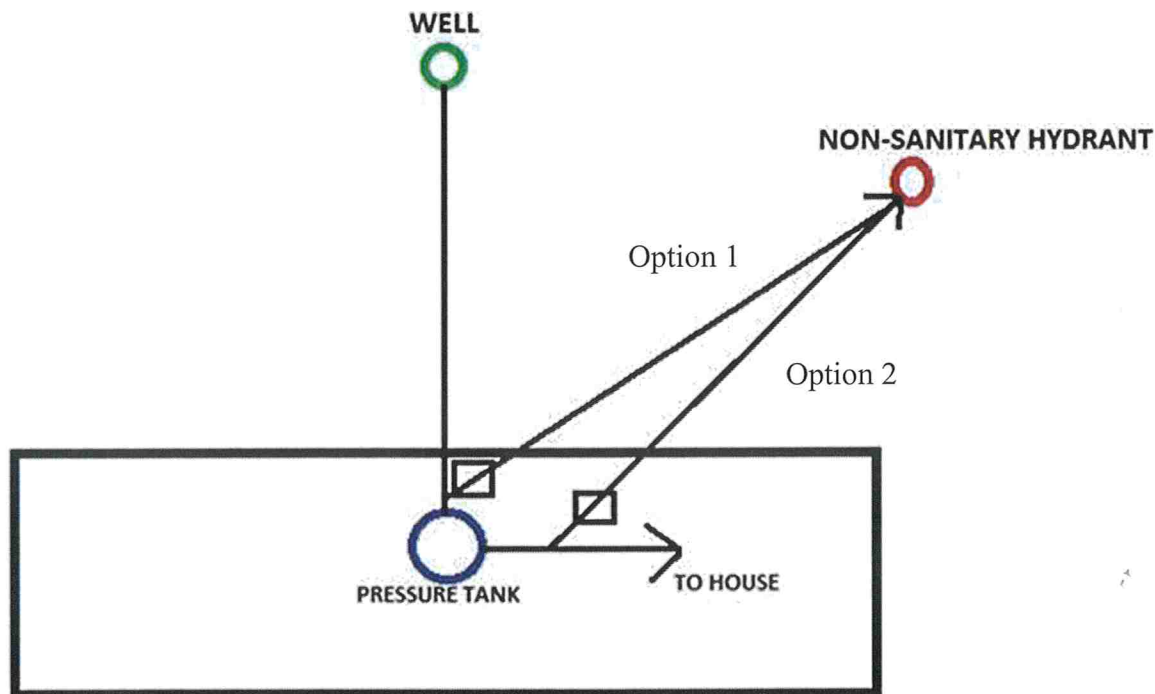
\_\_\_\_\_ Name of Service Provider: \_\_\_\_\_

*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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## 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

2026 Septic Permit Fee: \$564.00 Alteration: \$375.00 Operation Sewage Permit Fee: \$5.00  
2026 Well Permit Fee: \$576.45 Alteration: \$276.45 \$47.45 for each additional water sample  
2026 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, REHS 937-548-4196 ext. 208  
cody.snider@darkecountyhealth.org  
Abby Ross, REHS 937-548-4196 ext. 225  
abby.ross@darkecountyhealth.org

*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



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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:** Susan Laux 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.

		<u>Phone:</u>			<u>Phone:</u>
<i>Allen:</i>	Neal Siefring	423-1174	<i>Richland:</i>	Matthew Oliver	564-4299
	Chris Mestemaker	423-5555		William Marker	337-8081
	Michael Bulcher	459-6873		Jerry Marker	459-3339
<i>Mississinawa:</i>	John Winger	564-0411	<i>York:</i>	Roger Heckman	526-5260
	Jeffrey Keller	467-3628		James Zumbrink	336-7932
	Eric Barga	459-7026		Bill Barga	623-7961
<i>Patterson:</i>	Samuel Pohlman	302-8740	<i>Washington:</i>	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:

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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)