



Darke County General Health District
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196
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: _____



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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.



Septic System Design Sheet

System Design Preparer: _____
Date Design Submitted to HD: _____

_____	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 (easements are required on no 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): _____

Scale (if known): _____

Revised November 2025

General Information

_____ Daily Design Flow (GPD)

_____ Number of Bedrooms (Auditor, House Plans)

Leaching Systems

_____ Trench Depth

_____ Vertical Separation Distance (6" seasonal water, 18" glacial till, 36" highly permeable material)

_____ Infiltrative Linear Loading Rate (ILLR)

_____ Hydraulic Linear Loading Rate (HLLR)

_____ Trench Width

_____ Square Footage of Each Trench

_____ Minimum Square Footage Required at all Times

_____ Minimum Square Footage with Resting

_____ Trench length

_____ Number of Trenches

Tank Information

_____ Septic Tank Size

_____ Septic tank Manufacturer

_____ Lift Station/Dosing Tank Size (if applicable)

_____ Lift station/dosing tank manufacturer

_____ Pump Manufacturer & Model

_____ Pump Size

_____ Pre Treatment System Manufacturer and Model

_____ NPDES Manufacturer and Model

*Component spec sheets should be submitted if known and available.

Mounds

_____ Infiltrative Surface Depth

_____ Vertical Separation Distance (18" seasonal water, 24" glacial till, 36" highly permeable material)

_____ Soil Infiltrative Loading Rate (SILR)

_____ Hydraulic Linear Loading Rate (HLLR)

_____ Distribution Area Width

_____ Distribution Area Length

_____ Overall System Length

_____ Overall System Width

_____ Number of Laterals

_____ Length of Laterals

_____ Number of Holes per Lateral

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

Site Receipt #: _____

Driver's License # _____

Date of Appointment: _____

Date Paid: _____

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

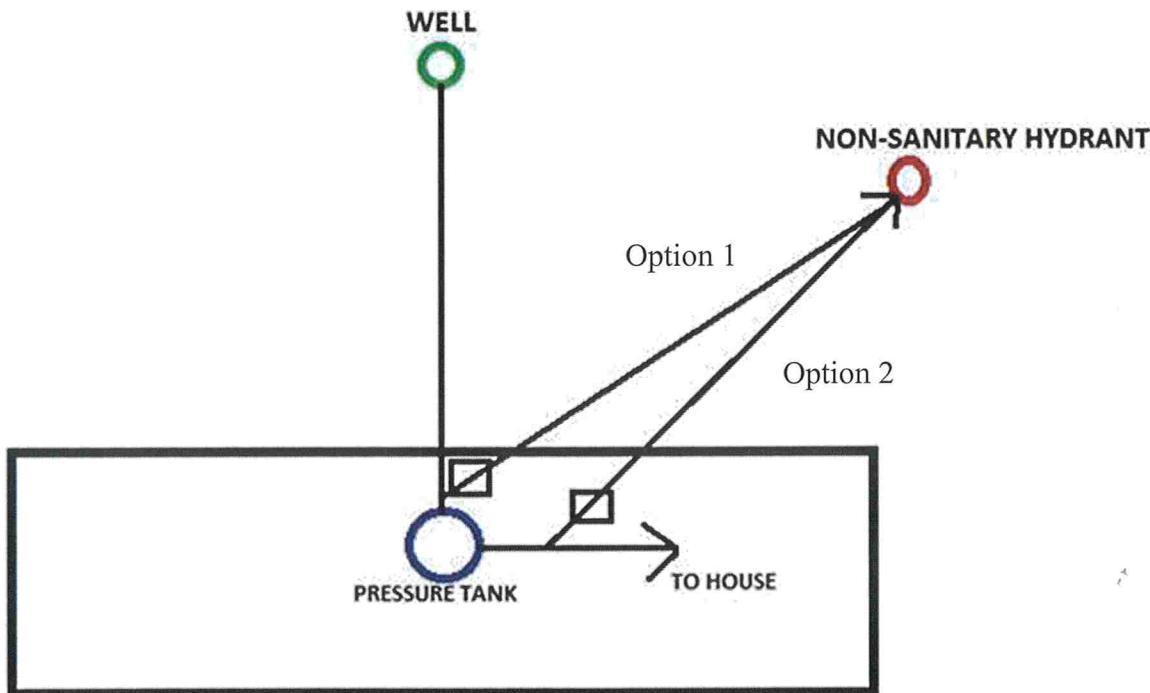
Name of Service Provider: _____

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:*) _____

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

<i>Health Commissioner:</i>	Jordan Francis, MPH	
<i>Environmental Director:</i>	Ginger Magoto, MS, MPH, REHS	
<i>Environmental Secretaries:</i>	Hayley Reier Kim Pickett	937-548-4196 ext. 209 937-548-4196 ext. 232
<i>Sewage Sanitarians:</i>	Cody Snider, REHS cody.snider@darkecountyhealth.org	937-548-4196 ext. 208
	Abby Ross, REHS abby.ross@darkecountyhealth.org	937-548-4196 ext. 225
<i>Sanitarians:</i>	Zachary Perry, REHS Nathan Epperly, EHST Caitlin Molina, REHS	937-548-4196 ext. 205 937-548-4196 ext. 203 937-548-4196 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:

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

Other related comments:

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)