



Darke County General Health District  
300 Garst Ave.  
Greenville, OH 45331

Monday through Thursday  
Hours: 7:30 a.m. – 5:00 p.m  
Friday - Closed  
Phone: (937) 548-4196  
Fax: (937) 548-9654

### APPLICATION FOR LAND SURVEY EVALUATION

This is for land splits that do not involve an existing house septic and well inspection.  
Land splits with an existing house septic and/ or well requires the land split application

Criteria:

1. Newly created residential building lots  $\leq$  20 acres in size, and/or
2. Non-building lot/add-ons  $\leq$  20 acres where the ground is taken from a large lot that will remain  $>$  20 acres.

Other:

1. Lots to be serviced by public sewer still may need a water sample if a private water well exists. You also need to get approval from the applicable sewer authority and the applicable zoning authority.
2. Commercial lots that will not be serviced by public sewer and estimated flow  $<$  1,000 gallons per day need to be evaluated by the Ohio Environmental Protection Agency South West District Office. This may be in conjunction with Health Department for a water sample if a private water well exists.

SURVEY TITLE: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

SURVEY LOCATION: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER(S) ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

Contact Info (Cell / E-mail / Fax / Name): \_\_\_\_\_

Land Surveyor: \_\_\_\_\_

Comments: \_\_\_\_\_

**Fees:** (More than one may apply)

1. Number of newly created residential building lots  $\leq$  20 acres in size \_\_\_\_\_  $\times$  \$150 = \_\_\_\_\_
2. Number of non-building lot/add-ons  $\leq$  20 acres where the ground is taken from a large lot that will remain  $>$  20 acres:  
From a large lot that will remain  $>$  20 acres: \_\_\_\_\_  $\times$  \$150 = \_\_\_\_\_

**Fee total (add the above) = \_\_\_\_\_**

Acknowledgement:

I have thoroughly read and understand this application, and to the best of my knowledge, all of the information above and on the survey is complete and accurate.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Rev. 11/14/24

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Application #: \_\_\_\_\_