



APPLICATION FOR HOME REMODEL/ADDITION EVALUATION

INSTRUCTIONS AND APPLICATION FORM

2026 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

Household Sewage Treatment System Evaluation	\$310.00
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Read All Before Submitting

- Work done prior to permit or approval will result in **DOUBLE** fees.
- House plans must be submitted with this application. Existing homes may need to be inspected to comply with the Darke County Board of Health Bedroom policy.
- Incomplete applications cannot be accepted. ORIGINAL HOMEOWNER'S SIGNATURES ARE REQUIRED. Faxed or Emailed copies cannot be accepted.
- A routine operation and maintenance (O&M) inspection of the sewage treatment system does not satisfy the requirement for a home sale/refinance/remodel inspection.
- Upon receipt of the completed application and fees, the Health Department will schedule an appointment for the inspection.
- Appointments are scheduled on a first-come, first-served basis.
- If for any reason you must cancel or reschedule the appointment, you must call in at least 24 hours prior to the originally scheduled appointment.
- A scavenger registered with the Darke County Health Department must pump the septic tank while the inspector is present. (See attached list) DO NOT HAVE THE SEWAGE SYSTEM PUMPED PRIOR TO INSPECTION.
- The lids of the septic tank and splitter and/or distribution boxes must be uncovered **prior** to the time of inspection. Most lids are within 2-3 feet of the surface; you may uncover this yourself or hire a contractor/scavenger to uncover them for you.



- If there are no risers on the inlet and outlet lids of the septic tank they will be required.
- If there is no riser on the splitter box or distribution box, they will be required.
- If the system has a dry well, stop and call the Health Department.
- If the system has a subsurface sand filter, the outlet tile must be uncovered in order to sample the quality of the effluent. A backhoe is typically needed to uncover this component. If there is no inspection port on the outlet tile of the sand filter, one will be required.
- System upgrades may be required dependent upon condition of existing system and type of addition/remodel.
- All plumbing must drain into the sewage treatment system. Down spouts and sump pump drains should not drain into the sewage treatment system. Access to view crawl space or basement must be allowed.
- No evaluation will be conducted if ground cover excessively obscures any components of the sewage treatment system (including high grass, snow cover & leaves). The inspection will be rescheduled when the ground cover is removed. This includes heavy amounts of rain where the conditions of the field cannot be evaluated.
- This report is indicative of the system at the time of evaluation. Any subsequent changes in weather conditions, number of occupants, or water usage may affect the system operation.
- The sanitarian's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage treatment system and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of the home sewage treatment system.
- The sanitarian's evaluation does not determine property line boundaries, the location of wells with casings that do not extend above grade or whether or not the sewage treatment system traverses the boundaries of the property being evaluated.
- This application *cannot* be used for a land split or subdivision, sale or refinance of a property, other forms available. See the Health Department.



- If the remodel/addition includes plumbing, the water system may not be from a dug well or a cistern that is not in compliance with the private water system rules. These systems are no longer permitted in Darke County. It is recommended that the water system is chlorinated and tested for bacteria after the work is complete. See the application for private water testing for more information.

List of Septic Pumpers

Alexander Sewer & Drain	Casstown, OH	937-985-0068
Barnes Sewer & Septic	Winchester, IN	765-584-7295
Bob's Excavating	Ludlow Falls, OH	937-698-4694
Booso's Septic Cleaning	Lewisburg, OH	937-962-4435
Cooper's Sanitary Service	West Milton, OH	937-698-6200
Crowell Plumbing	Eaton, OH	937-456-4951
D & H Construction	Bradford, OH	937-448-8071
Flatter's Septic Tanks	Greenville, OH	937-548-7667
Frantz Septic Cleaning	Bradford, OH	937-448-2138
Frech's Cleaning Service	New Madison, OH	937-996-1615
Johnny On The Spot Unites Site Services INC	Canton, OH	508-259-4650
M.T. Service INC Miller Portables	Berlin, OH	800-827-6808
Mike's Sanitation	New Bremen, OH	419-629-3695
Porta Kleen Industrial Services	Lancaster, OH	513-330-6713
Prime Pumping Services	Camden, OH	937-553-7400
Roto Rooter	Dayton, OH	937-496-3975
Royalty Restroom Rentals	Troy, OH	937-216-2562
Rumpke Transportation Company, LLC	Dayton, OH	513-851-0122
United Rentals INC. DBA Reliable Onsite Service United Rentals (North America)	Cincinnati, OH	513-288-2280



Township Trustees and Zoning

Zoning: Kaitlin Higgins 937-547-7370 for: *Adams, Brown, Butler, Harrison, Jackson, Liberty, Neave, Wayne & Wabash Townships; Wayne Lakes*

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

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

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

		<u>Phone:</u>			<u>Phone:</u>
<i>Allen:</i>	Neal Sieftring	423-1174	<i>Richland:</i>	Matthew Oliver	564-4299
	Chris Mestemaker	423-5555		William Marker	548-4530
	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



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
regard to this property.



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

(Township Trustee or authorized signature)

(Address)

(Date)

Send copy to: _____ (Owner or building contractor)



STOP!

Has all of the following been submitted with this application?

- ☐ House plans
- ☐ Zoning permit or Un-zoned Township Letter
- ☐ System up to Ohio Revised Code 3701-29
- ☐ Well casing is satisfactory and secure

Once the special service is complete, you may apply to get your plumbing permit. **Any work done prior to this application will mean your fee is DOUBLED!**

APPLICATION FOR HOME REMODEL EVALUATION

Applicant Name _____

Mailing Address _____

City _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

How would you like to receive your evaluation report? Mail Fax Email

LOCATION OF REQUESTED EVALUATION

Current Owner's Name _____

Property Address _____

City _____ Township _____



Phone #: _____ Fax #: _____

Email Address: _____

Directions to property: _____

Is the home occupied or vacant? _____ If vacant, how long? _____

When was the home built? _____ Number of bedrooms: _____

Number of wells: _____ Number of cisterns: _____

Is the property in a flood plain? _____

Will any easements interfere with the remodel/addition? _____

What does the room addition consist of*? _____

*** Please provide an 8 ½ x 11” copy of plans of the proposed remodel.**

Is this a room addition involving bedrooms? Yes No

Is this a room addition involving plumbing (i.e. new/moving)? Yes No

Will the room addition maintain a distance of 10ft from the existing septic system? Yes No

Will the room addition maintain a distance of 10ft from the well? Yes No

The sanitarian's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage treatment and water systems and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of these systems.

The owner/applicant agrees to the requirements of the special service inspection and understands that upgrades may be required if deemed appropriate by the Health Department. The applicant also understands that the system will be placed under the Operational Permitting Program of the Darke County Health Department. Please see Operational Permit Pamphlet for additional information regarding this program.



Applicant _____ **Date** _____

Homeowner or legal representative _____ **Date** _____

FOR OFFICE USE ONLY

Driver's License #: _____

HSTS Receipt #: _____ **Date Paid:** _____

Appointment Date & Time: _____

HSTS EVALUATION

Date: _____ **Inspector:** _____

Date Pumped _____ **Pumper:** _____ **# Gallons:** _____

Corrections Needed? NONE YES: _____

Date Re-Inspected: _____ **Inspector:** _____

Comments: _____

Under O & M? Yes No **O & M Permit #** _____ **Month:** _____

Easement required? Yes No **Replacement area ok?** Yes No

Soil Testing Required? Yes No **Alteration required?** Yes No

Installer: _____ **Est. Cost:** _____

Permit requirements (sizing, etc.): _____