



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

SEWAGE REAIR/REPLACEMENT EVALUATION

INSTRUCTIONS AND APPLICATION FORM

Sewage Repair/Replacement Application Fee:	No charge
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Read All Before Submitting

- The Health Department staff is available for free consultative services to homeowners who are experiencing problems with their existing sewage treatment systems upon receipt of this evaluation form. If multiple evaluations are required, a \$60 fee will be accessed for each.
- A soil evaluation is required for all new and replacement septic systems installed. A soil evaluation may also be required for any substantial soil absorption additions. A list of Certified Soil Scientists is available at the Health Department.
- The 2026 permit fee for a new or replacement septic system is \$569.00. This includes the Operation permit for the first year. (Please see O/M pamphlet for additional information about the Operation permit.)
- The 2026 permit fee for a septic system alteration is \$380.00. This includes the Operation permit for the first year. Please see O/M pamphlet for additional information about the Operation permit.

Handouts available at the Health Department:

- Septic installation guidance documents
- Information on care and maintenance of your septic system
- List of Registered Septic Installers
- List of Registered Septic Pumpers
- List of Registered Service Providers
- List of System Designers
- List of Certified Soil Scientists

The Health Department may not recommend and does not guarantee the competency of those individuals on the list. If you know of someone who wishes to be included on the list, let us know.



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SEWAGE REAIR/REPLACEMENT EVALUATION APPLICATION

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: _____

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

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

Number and type of wells: _____ Number of Cisterns: _____

Briefly explain why you are requesting this evaluation: _____

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** _____



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FOR OFFICE USE ONLY

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.): _____
