

## Tuscarawas County Health Department

### Site and Design Application for Home Sewage Treatment Systems (HSTS)

Property Location Information		Requestor Information	
Address:		Name:	
Twp/Village:		Address:	
Parcel #:		City:	Zip:
City:	Zip:	Phone #:	
Acreage:	Bedroom Count:	Email:	
Lot Split (Y/N) If, yes please obtain and complete supplemental lot split application and submit appropriate fee.		System Type: <div style="display: flex; justify-content: space-around;"> <span>___ New</span> <span>___ Replacement</span> <span>___ Alteration</span> </div>	
Water Source: ___ Private Water System (Well, etc) <div style="margin-left: 100px;">___ Public Water Source</div>		Estimated Cost: \$ _____	
Property Owner's Information			
Name:		Phone #:	
Address (If different than property address):			
City:	State:	Zip:	
Email:		Is property currently accessible? Y/N	

Deliver Correspondences to (if not indicated, all correspondence will go to the requestor):

- ☐ Sewage Contractor. Email: \_\_\_\_\_
- ☐ Sewage Designer. Email: \_\_\_\_\_
- ☐ Property Owner. Email: \_\_\_\_\_
- ☐ Other. Email: \_\_\_\_\_

#### **Property Owner Acknowledgement (signed by property owner)**

I, the property owner, agree all information presented above is factual and that the approval for this site evaluation is valid for five (5) years from the date of approval. Any changes to the above information including the house plans, site design, or site condition(s) that could affect the system design, including the sewage source, may require this application to be void and a new site evaluation will be needed. OAC 3701-29-09 (A)(4).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**An application that does not include a soil report, address, house plans, and design plans will not be accepted.**

After all information has been submitted, review will begin. If all items are found to be in compliance with Ohio Department of Health and Tuscarawas County Health Department rules, a permit may be issued. Receipt of this application does not guarantee permit.

### Office Use Only

Environmental Health Specialist Initials	Site Evaluation Required Information
	Payment to TCHD
	A site design drawn to scale that meets the requirements defined in OAC 3701-29-07 (E)
	Soil Report forms signed by registered soil scientist
	All bedrooms labeled, including bedrooms located in the basement
	Preliminary design calculations

Environmental Health Specialist Initials	Site Visit
	Home corners, property boundaries, driveway, proposed buildings, well, easements or any other items meets the isolation distances as specified in OAC 3701-29-10
	Proposed system and replacement area (if applicable) staked on contour at site
	Site drainage features marked

Environmental Health Specialist Initials	Design Review
	The address or the parcel of the property is identified
	Designer and installer names identified
	The design scale (1" = 50') and north pointing arrow
	Two (2) foot contour lines numbered
	The design shows the dimensions of the property, with relation to any roads, while maintaining the design scale.
	Identify any proposed or existing structures that must meet the required isolation distances on the site (and neighboring properties) including wells, existing septic systems, driveway(s), barns, pools, outbuildings, or ponds.
	Identify proposed or existing utilities such as water service lines, gas lines, electric lines, or other utilities, and their associated easements (if applicable), that may affect the siting of the design.
	Items affecting site drainage such as wetlands, cut banks, flood plains, swales, and perennial or intermittent streams identified.
	Location of proposed system with all components labeled including their size (length, width, and depth) or capacity (gallons), manufacturer specifications (make and model), including site drainage components identified.

Site/Design Approved for Permit Application by: \_\_\_\_\_ Date: \_\_\_\_\_

Paid: \_\_\_\_\_ on \_\_\_\_\_ Receipt #: \_\_\_\_\_