



Lake County General Health District

5966 Heisley Road Mentor, Ohio 44060

www.lcghd.org



Painesville: (440) 350-2543 Cleveland: (440) 918-2543 Madison: (440) 428-4348 x2543 Fax: (440) 350-2548

Application for a Sewage Treatment System evaluation SITE REVIEW

- New (\$380.00)
 Replacement (\$380.00)
 Alteration (\$190.00) (complete request below for Soil Evaluation Waiver*
 Replacement w/ Soil Evaluation Waived (complete request below*) (\$190.00)

Property Location: (Address or parcel #) _____

City/Township/Village: _____ Owner Name: _____

Number of bedrooms (existing or requested): _____ Does property have access to Public Water? Yes No

Applicant Information:

Name: _____ Phone#: _____

Mailing Address: _____

***Soil Evaluation Waiver Request:**

According to **Ohio Administrative Code (OAC) 3701-29-09(A)(1)(b)**, Lake County General Health District MAY waive the requirements for a soil evaluation for the following conditions.

I homeowner/requestor am applying for the soil evaluation to be waived due to:

SMALL LOT SIZE

An **ALTERATION** of the existing sewage system.

(Alteration shall include: change in influent waste strength, change in system components, an expansion of the treatment or dispersal system, or change in daily design flow.)

Includes septic tank replacement.

An **INCREMENTAL REPAIR PLAN**, as described in OAC 3701-29-09(C).

Lake County General Health District reserves the right to deny the request and require soils be completed in accordance with OAC 3701-29-10 prior to accepting an application for a HSTS installation permit.

Office use only

Received by: _____

Date: _____

Cash

Check # _____

Receipt # _____

Soil Waiver Request:

APPROVED by: _____

Date: _____

DENIED by: _____

Date: _____

Information and Requirements for HSTS Site Review

- Please provide the following complete information with this site review application:
 - A Site & Soil evaluation performed by a certified professional soil scientist in accordance with OAC 3701-29-07.**
(A list of designers and soil evaluators is available upon request.)
 - A Design Plan completed in accordance with OAC 3701-29-10.** Please be advised, **only 1 copy no larger than 11" X 17"** of the Design Plan will need to be submitted to the Health District to be reviewed for approval. Design plans **MUST** include: a scaled topographic site plan map/drawing, number of bedrooms, proposed and existing water supplies, existing adjacent houses or sewage systems, primary and replacement systems as applicable, justification of selected loading rates, soil depth credits and variances where applicable, and complete description of all system materials and components, distribution network calculations, and O&M requirements. **Copies of the APPROVED design plan will be the designer, builder or homeowner's responsibility.**
- Property lines must be staked and the lot clearly identified prior to requesting an evaluation. Incomplete applications or unidentified lots will cause delays.
- Site reviews are conducted in the order in which they are received. Please allow at least two weeks for the completion of the review. A \$55.00 plan resubmittal fee will be charged after the second plan submission as applicable.
- Please be advised that an approved site review is valid for **5 years** from the date of the approval.
- By signing the application, I authorize representatives of Lake County General Health District to enter the property referenced above for the purpose of conducting a site review evaluation**

Applicant's Signature

Date

Site Review **APPROVED** By (RS or SIT)

Date