

# CHAMPAIGN HEALTH DISTRICT

## Household Sewage Treatment System

1512 S US Highway 68, Suite Q100  
 Urbana, OH 43078  
 937-484-1605

For Office Use Only	Check #: _____
	Receipt #: _____
Inspection Date: _____	
Inspection Time: _____	
Sanitarian: _____	

- Application for:**
- Site Evaluation \$150.00 (non-refundable)
  - Design Evaluation \$150.00                       Protection/Building Permit \$65.00
  - Alteration/Replacement \$80.00                       Collector Tile Inspection \$75.00 & \$20.00 additional lots

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Site Location: \_\_\_\_\_ City: \_\_\_\_\_ Township: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Acreage: \_\_\_\_\_ Lot #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Toilet in Basement: \_\_\_\_\_ Location of Available Drainage: \_\_\_\_\_

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

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New Development Requirements

Site Evaluation (5 Year Expiration)

- Provide a preliminary land survey with dimensions, contact info, date, acreage, etc.
- Clear lot of vegetation for accurate site evaluation.
- Stake out proposed corners of parcel.
- Coordinate an appointment with a Soil Scientist and a Sanitarian from Champaign Health District to evaluate the soil.

Design Evaluation

- Provide a copy of recorded deed with most recent survey & zoning approval/permit.
- Flag or stake out proposed location of all septic system components, house, driveway and any other structures, i.e. geothermal.
- Provide entire easement for curtain drain outlet, if curtain drain is required.
- Submit a Sanitation Plot Plan of proposed septic system by installer.

Alteration/Replacement Requirements

- Provide site plan including all structures, well, and primary and secondary septic areas.
- Year sewage system installed: \_\_\_\_\_
- Owner when sewage system was installed: \_\_\_\_\_

Protection/Building Permit

- Same requirements as alteration/replacement.
- Septic tank risers shall be installed to the surface of the ground.
- Stake proposed corners.

I, the undersigned, understand that I am subject to penalties as set forth in the Ohio Revised Code should any work be started before obtaining the appropriate permits.

1. The answers and descriptions in the above application are true, correctly recorded to the best of my knowledge and belief.
2. No work will be started on the HSTS before obtaining a permit to install.
3. **Any changes made after approval of this application will require review by the health district and may necessitate replications. Changes in lot size will require a new application.**
4. Failure to provide the completed application information may result in disapproval of application or delay in the approval process.
5. Fees are subject to refund provided that no work has been done by the health district.
6. A property owner may appeal a decision of the Environmental Health Division to the Board of Health (791-29-18 of the Champaign Health District Household Sewage treatment System rules.)
7. Decisions of the Board of Health may be appealed to either the court of common pleas of the county in which the property owner's land is located or to the Champaign County Sewage Treatment Systems appeal board. {OGC 3718.11 (A)} Pursuant to Section 3718.11 (D) of the Ohio Revised Code (ORC), the written decision of the Appeals board is final and no further appeal may be taken.

Owner/Representative Signature: \_\_\_\_\_

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

**Environmental Health Division Review:**

Task	Date	Initials
Evaluation Complete:		
Technical Review:		
Approval Letter Sent:		
Permit Issued:		

SIT/RS Signatures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date

Approvals	Date	Initials
Site Evaluation:		
Placement Evaluation:		
Final Inspection:		
<b>Disapproval:</b>		
<b>Variance Requested:</b>		
<b>Staff Recommend Approval:</b>		
<b>Variance to Board of Health:</b>		

COMMENTS: