**Sanitarian Comments**:

**System Design** □ Installation □Replacement □Alteration □Gray Water(type) \_\_\_\_\_ □ NPDES

Soil infiltration loading rate (gpd/ft2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daily design flow (# bedrooms x 120gpd)=\_\_\_\_\_\_\_\_\_

Hydraulic linear loading rate (gpd/ft) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(□ septic tank effluent or □ pretreated effluent)

Depth of infiltrative surface\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soil absorption component type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of lines\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Lines\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tank Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soil Depth Credit allowed: □One foot □Two feet □Six Inch Lift station /dosing(if required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Primary system\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed replacement system type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Soil Evaluation (to be taken from soil eval report)** **Test hole 1 Test hole 2 Test hole 3 Test hole 4**

Depth to seasonal water table (if applicable) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Depth to fractured or karst bedrock (if applicable) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Depth to ground water or aquifer (if applicable) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Depth to highly permeable material (if applicable) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Other limiting conditions or restrictive layers \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Slope \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Soil evaluation approved? (OAC 3701-29-07) □Yes □No Soil evaluator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ APPROVED or □ DISAPPROVED

Date:

Reviewed by (SIT or RS):

Township:

# of Bedrooms

City:

Lot Number (if applicable)

Email:

Zip:

State:

**Site Review Application for a Household Sewage Treatment System**

Received by:

Date paid:

Fee:



Pickaway County Public Health

Environmental Health Division

PO Box 613, 110 Island Road, Circleville, OH 43113

740-477-9667 Ext 225, [www.pchd.org](http://www.pchd.org)

**This site review application must include (1) a Soil Evaluation completed in accordance to OAC 3701-29-07 unless waived by the Board of Health and (2) a completed Sewage Treatment System Design in accordance to OAC 3701-29-10**

Date:

Name:

City:

Mailing Address:

Phone: Cell Phone:

**Site information (to be completed by applicant)**

Site Address:

Parcel Number

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**To be completed by Health Department Staff**

Once the site review is approved by the health department, the site review will be valid for five (5) years after the date approved provided that there are no changes to the site conditions or STS design, including the sewage source.

**THE PICKAWAY COUNTY HEALTH DEPARTMENT ASSUMES NO RESPONSIBILITY FOR SEWAGE SYSTEMS THAT FAIL AFTER INSTALLATION**

This evaluation is not a guarantee and applies only to those conditions at the time of the inspection. Our examination is limited to our resources, documents submitted, and to those items that can be observed under the prevailing weather and surface conditions on that date of the inspection and not by factors that cannot be observed upon inspection