



Pickaway County Public Health
 Environmental Health Division
 PO Box 613, 110 Island Road, Circleville, OH 43113
 740-477-9667 Ext 225, www.pchd.org

Lot Split Application

This lot split application must include a Soil Evaluation completed in accordance to OAC 3701-29-07

Name:		Date:	
Mailing Address:	City:	State:	Zip:
Email:	Phone:	Cell Phone:	

Site information (to be completed by applicant)

Site Address:	City:	Township:
Current Parcel Number	Number of proposed lots that will be created:	

As required by Ohio Administrative Code 3701-29-09 the minimum information must be submitted or completed for preliminary health department approval, the following needs completed or submitted:

- (1) submit a copy of the soil evaluation report completed by soil evaluator**
- (2) have health department complete a site inspection verifying proposed staked lot lines,**
- (3) submit a scaled drawing including**
 - (a) the acreage of each lot and the total land area of the proposed subdivision lots,**
 - (b) proposed lot lines with detail of site conditions including vegetation and drainage,**
 - (c) site information including easements, utilities, structures, wells, foundations, roads, drainage features, water bodies.**
- (4) Submit proposed sewage system types for each lot created.**
- (5) Once preliminary approval is granted, a copy of the survey plat and legal description will need submitted for final health department approval.**

By signing below, I acknowledge that this evaluation is not a guarantee and applies only to those conditions at the time of the inspection(s). 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. I also understand that the written approval of a lot split from the Pickaway County Public Health does not guarantee a specific system type for each proposed parcel. The exact type of system, design, and location of the system will not be approved until a site review application is submitted along with a soil report(s), system design, floor plan of home, and site plan for proposed construction of each lot and the site review is approved by the Pickaway County Public Health.

Signature: _____ Date: _____

Site Address:	Township
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Parcel #:	Proposed # of lots
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Lot Split checklist: Stake / lot line locations ok: <input type="checkbox"/> Yes <input type="checkbox"/> No		Preliminary Scaled Drawing Includes:	
Soil evaluator Name: _____		Lot lines, site drainage, vegetation, existing structures	
, Soil evaluation Date: _____		Roads, easements, utilities etc <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Lot # _____	Lot # _____	Lot # _____
Acreage of Lot	_____	_____	_____
Test Hole #	_____	_____	_____
Depth to seasonal water	_____	_____	_____
Depth to water table	_____	_____	_____
Highly permeable mat.	_____	_____	_____
Bedrock	_____	_____	_____
Restrictive Layer	_____	_____	_____
Proposed Primary System	_____	_____	_____
Proposed Secondary System			

Sanitarian Comments:

Approved by (SIT or RS):	Date:	<input type="checkbox"/> APPROVED OR <input type="checkbox"/> DISAPPROVED
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THE PICKAWAY COUNTY HEALTH DEPARTMENT ASSUMES NO RESPONSIBILITY FOR SEWAGE SYSTEMS THAT FAIL AFTER INSTALLATION

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