



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)

## Site Review Application for a Household Sewage Treatment System

**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**

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

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

Site Address:	City:	Township:
Parcel Number	Lot Number (if applicable)	# of Bedrooms

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**To be completed by Health Department Staff**

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 type (as mapped by Pickaway Co. Soil Survey)	_____	_____	_____	_____
Soil evaluation approved? (OAC 3701-29-07) <input type="checkbox"/> Yes <input type="checkbox"/> No      Soil evaluator Name: _____				

<b>System Design (to be taken from design submitted by designer)</b> <input type="checkbox"/> Installation <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Gray Water(type) _____	
Soil infiltration loading rate (gpd/ft <sup>2</sup> ) _____	Daily design flow (# bedrooms x 120gpd)= _____
Hydraulic linear loading rate (gpd/ft) _____ ( <input type="checkbox"/> septic tank effluent or <input type="checkbox"/> pretreated effluent?)	
Soil absorption type _____	
Depth of infiltrative surface _____	Tank Type: <input type="checkbox"/> Septic <input type="checkbox"/> Aeration Treatment Unit
Number of lines _____ Length of Lines _____	Tank Size: _____
Soil Depth Credit allowed: <input type="checkbox"/> One foot <input type="checkbox"/> Two feet <input type="checkbox"/> Six Inch	
Lift station /dosing(if required) _____	
Proposed Primary system _____	
Proposed replacement system type _____	

<b>Sanitarian Comments:</b>		
Reviewed by (SIT or RS):	Date:	<input type="checkbox"/> APPROVED or <input type="checkbox"/> DISAPPROVED

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