



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

Fee:	Date paid:	Received by:
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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

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 evaluation approved? (OAC 3701-29-07)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Soil evaluator Name _____	

System Design <input type="checkbox"/> Installation <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Gray Water(type) _____ <input type="checkbox"/> NPDES Soil infiltration loading rate (gpd/ft ²) _____ Daily design flow (# bedrooms x 120gpd)= _____ Hydraulic linear loading rate (gpd/ft) _____ (<input type="checkbox"/> septic tank effluent or <input type="checkbox"/> pretreated effluent) Depth of infiltrative surface _____ Soil absorption component type: _____ 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 _____
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Sanitarian Comments:

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