



Sewage System Site Review Application

This site review application must include the review fee along with (1) a Soil Evaluation completed in accordance with OAC 3701-29-07, (2) a completed Sewage Treatment System Design in accordance with OAC 3701-29-10, (3) set of house plans, and (4) the address of the lot issued by the Pickaway County Engineer's Office. No review will be conducted until these items are received by this office there will be no exceptions. Please bring paper from Engineer's Office with the address listed along with all above items. Please fill out entire application. This fee is non-refundable once paid.

Owner Information

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

Requestion Information if other than owner

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

Contractor Information

Soil Evaluator:	Designer:	Installer:
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Site Information

Sewage System Site Address as issued by Pickaway County Engineer:		City:	Township:
Parcel Number:	Lot Number (if applicable)	Number of Bedrooms:	Acres:
Is the Sewage System clearly marked onsite? Yes / No If no, when will it be marked?	Is the lot cleared? Yes / No If no, when will it be cleared?	Will geothermal heating and cooler be used? if so please make sure to stake off area and please tell your soil evaluator and designer. Yes _____ or No _____	
Additional building on site? Yes / No If yes, is there indoor plumbing? Yes / No	Any know restrictions or easements on the Property? Yes / No If yes, please explain.		

Please be advised that an approved site review is valid for **5 years** from the date of approval and an issued permit is valid for **1 year**.

I acknowledge that the permit will expire one year from the date of issuance by the Pickaway County Public Health Department or upon completion of the installation of the household sewage treatment system, whichever comes first.

I agree to construct, install, and operate the household sewage treatment system in accordance with Ohio Administrative Code (OAC)3701-29 and with the specifications indicated on the approved design and permit issued by the Pickaway County Public Health Department.

I acknowledge that no household sewage treatment system can be guaranteed to function after final installation approval. Only installation in accordance with (OAC) 3701-29 is considered at the time of inspection. The Pickaway County Public Health assumes no responsibility for sewage systems that fail after installation.

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

Applicant Signature: _____ Date: _____