

# Pickaway County Public Health

110 Island Road, Suite C, Circleville, OH 43113

Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102

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**PICKAWAY COUNTY  
PUBLIC HEALTH**

*We Care.*

## **Property owner guide for health department approval for new lots (Lot Split)**

The property owner will need to complete the following to get new lots approved by health department:

1. Have all new proposed lots evaluated by a soil scientist for onsite sewage systems. You can contact a soil scientist by visiting the following webpage <http://www.ohiopedologist.com/consultant-list.html> or call our office for assistance.
2. Apply for a lot split review from our office which must include:
  - a. Submit a preliminary drawing to health department including the following:
    - i. Drawing of all proposed lots including approximate acreage of each lot
    - ii. Copy of the soil evaluation report(s)
    - iii. Proposed sewage system type for each lot
    - iv. Site information including drainage, easements, utilities, structures, wells, foundations, roads, bodies of water.
  - b. Submit application for lot split form to health department along with payment.
3. Schedule an inspection of lots by health department sanitarian.
4. If lot inspections pass and all preliminary drawings are approved, the lots can be surveyed.
5. Once the survey is completed, submit a copy of the survey plat and legal description to the health department to review.
6. Health department will review the survey plat and legal description and once approved, will write a letter stating health department approval and copy to Engineer's Office for final approval.

Please contact our office at 740-477-9667 ext 225 or visit our webpage at [www.pchd.org](http://www.pchd.org) for more information.

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**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:** \_\_\_\_\_

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

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Site Address:	Township																																																		
Parcel #:	Proposed # of lots																																																		
<p><b>Lot Split checklist:</b> Stake / lot line locations ok:    <input type="checkbox"/>Yes    <input type="checkbox"/>No    <b>Preliminary Scaled Drawing Includes:</b></p> <p>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</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%; text-align: center;">Lot #</th> <th style="width:10%; text-align: center;">Lot #</th> <th style="width:10%; text-align: center;">Lot #</th> <th style="width:10%; text-align: center;">Lot#</th> </tr> </thead> <tbody> <tr> <td>Acreage of Lot</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Test Hole #</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Depth to seasonal water</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Depth to water table</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Highly permeable mat.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Bedrock</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Restrictive Layer</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Proposed Primary System</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Proposed Secondary System</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p>Meet requirements of:</p> <p>OAC 3701-29-06 (F)    <input type="checkbox"/>Yes    <input type="checkbox"/>No                      <input type="checkbox"/>Yes    <input type="checkbox"/>No                      <input type="checkbox"/>Yes    <input type="checkbox"/>No                      <input type="checkbox"/>Yes    <input type="checkbox"/>No</p> <p>OAC 3701-29-06 (G)    <input type="checkbox"/>Yes    <input type="checkbox"/>No                      <input type="checkbox"/>Yes    <input type="checkbox"/>No                      <input type="checkbox"/>Yes    <input type="checkbox"/>No                      <input type="checkbox"/>Yes    <input type="checkbox"/>No</p> <p>Sanitarian that completed site inspection: _____ Date: _____</p> <p>Survey Plat and legal description submitted and approved?    <input type="checkbox"/>Yes    <input type="checkbox"/>No                      Date: _____</p>			Lot #	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	_____	_____	_____	_____
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<b>Sanitarian Comments:</b>																																																			
Approved by (SIT or RS):	Date: <input type="checkbox"/> APPROVED    OR <input type="checkbox"/> DISAPPROVED																																																		

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