Sewage System Addition Evaluation

PICKAWAY COUNTY PUBLIC HEALTH
We Care.

110 Island Road Suite C● Circleville, OH 43113 ● Phone (740) 477-9667● Fax (740) 474-5523 ● www.pickawaycountypublichealth.org

PROPERTY ADDRESS:_____TOWNSHIP: _____

CITY:_____ZIP:_____OWNER:_____

PERSON RESPONSIBLE FOR ACCESS & TITLE: _____PHONE #:_____

When completed, would you like this form e-mailed? ☐ Y ☐ N E-MAIL TO:_____

Is home connected to sanitary sewer? ☐ Y ☐ N Is home connected to municipal water? ☐ Y ☐ N

Has the septic system been inspected by the Health Department within the past year? ☐ Y ☐ N If yes, check which type below:

	☐ Addition Evaluation	☐ Property Transfer	☐ Property Split	☐ New Installation
Type of Improvements to be made:	☐ Living Space	☐ Bedrooms	☐ Bathroom(s)	☐ Pool
	☐ Shed	☐ Deck/Porch	☐ Property Split	☐ Out-building

Will excavation OR grading be necessary? ☐ Y ☐ N If yes, please describe:

Size and description of addition: _____

_____

_____

A diagram of the improvements must accompany this form. Minimally show the house, addition(s), driveway, well, and septic tank location with dimensions.

- *Current layout of property can be obtained from the Pickaway County Auditor's Website—https://auditor.pickawaycountyohio.gov/*
- *Septic and water well records can be obtained from www.pickawaycountypublichealth.org*
- *Submit completed form to contact@pickawaycountypublichealth.gov*

Health Department Use Only

☐ Field located components ☐ Unable to locate some components ☐ In office records review

☐ SATISFACTORY, date:_____Based on the information provided by the applicant, the proposed addition or split will not interfere with the location of the septic system, future replacement area, or water well.

☐ UNSATISFACTORY, date:_____The proposed addition or split interferes with the septic system, future replacement area, or water well. The proposal must be relocated/altered or a variance must be obtained from the Board of Health.

☐ UNSATISFACTORY, date:_____The septic system has failed inspection. It will need to be repaired or replaced. Contact the Health Department to make arrangements for an site evaluation.

☐ FURTHER ACTIONS TAKEN, NOW SATISFACTORY, date:_____

COMMENTS: _____

_____

_____

_____

_____

Sanitarian Signature:_____ Date:_____

Addition Evaluation Diagram

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INCLUDE: NORTH ARROW, HOME, DRIVEWAY, SEPTIC TANK, WATER WELL/ WATER LINE, DIMENSIONS

DISTANCES	
ADDITION TO WATER WELL	
ADDITION TO SEPTIC TANK	
ADDITION DISTANCE TO OTHER SEPTIC COMPONENTS, if known	
COMPONENT: _____	
COMPONENT:_____	
COMPONENT:_____	