

Fairfield Department of Health

1587 Granville Pike • Lancaster, Ohio 43130

740.653.4489

Applying for:

Building:

- Residential
 Public/Commercial

Permit Type:

- New/Replacement
 Alteration

Amount Paid: _____

Date Paid: _____

Receipt No.: _____

SITE & DESIGN REVIEW APPLICATION

*** THIS IS NOT A PERMIT ***

Permit Information:

Site Address: _____ City: _____

Township: _____ Subdivision: _____ Lot #: _____

Owner: _____ Phone: _____

Applicant: _____ Applicant Phone: _____

Mailing Address: _____ City & Zip Code: _____

Site Information:

Acres: _____ New Construction? Yes No House location staked? Yes No

Lot staked? Yes No Lot cleared? Yes No If no, when will it be cleared? _____

No. of bedrooms: _____ Walkout basement: Yes No Whirlpool or Soaker tub: Yes No

Contractor Information:

Soil Scientist: _____ Phone: _____

System Designer: _____ Phone: _____

Installer: _____ Phone: _____

System Information:

Mechanical Component(s): Yes No Component Type(s): Pretreatment Dose Pump

Note: Any system component which requires electricity to operate is considered mechanical (i.e. aerator, lift station, dosing pump, etc.)

Tank Type: Aeration Septic Pretreatment: _____

Soil Absorption Component: Existing Leach Trenches Mound Drip Irrigation system
 None (discharge) Other (please specify): _____

Note: NPDES Permit from Ohio EPA is required for all surface discharge sewage treatment systems.

I agree to construct, install, and operate the household sewage treatment system in accordance with Regulation 18 of the Fairfield Department of Health, and with the specifications indicated on the approved design and permit issued by the Fairfield Department of Health. I further agree that I will call the Fairfield Department of Health for final inspection of the installation 24 hours prior to its being covered with earth.

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

I acknowledge that no household sewage treatment system or part thereof shall be covered or put into operation until the system has been inspected and approved by the Fairfield Department of Health.

I acknowledge that no household sewage treatment system can be guaranteed because of soil characteristics. Only workmanship is considered at the time of inspection. The Fairfield Department of Health assumes no responsibility for the efficient functioning of any private sewage system. Proper maintenance is essential.

Applicant Signature _____ Date: _____

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Site Plan

Please include the following in your site plan:

- The shape, size, and dimensions of your lot
 - Distance of house from lot lines, road, outbuildings, and open bodies of water
 - Location of any easements, streams, ditches, and/or ponds on lot
 - Road frontage and driveway location
 - Proposed location of home and any other structures (i.e.barn, swimming pool, etc.)
 - Proposed location of sewage treatment system (leaching) and water system (well)
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