

Applying for:

<i>Building:</i>	<i>Permit Type:</i>
<input type="checkbox"/> Residential	<input type="checkbox"/> New
<input type="checkbox"/> Public/Commercial	<input type="checkbox"/> Replacement
	<input type="checkbox"/> Alteration

Site Eval Fee: _____
 Date Paid: _____
 Receipt No.: _____

SITE & DESIGN REVIEW APPLICATION

*** THIS IS NOT A PERMIT ***

Permit Information:

SITE ADDRESS: _____

Parcel #: _____ Street **Township:** _____ City **Subdivision:** _____ State **Lot #:** _____ Zip

Owner: _____ **Phone:** _____

Applicant: _____ **Applicant Phone:** _____

Mailing Address: _____

Street City State Zip

Site Information (*Please note additional site requirements on back page):

Acres: _____ **New Construction?** Yes No **Structure(s) staked?** (All Corners!) Yes No Existing

Lot staked? (All Corners!) 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 the 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 Chapter 3701-29 of the Administrative code, 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:** _____

Fairfield Department of Health

1550 Sheridan Dr. Suite 100 • Lancaster, Ohio 43130

740.652.2800

Site Plan

Please include the following in your site plan:

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

