



# WARREN COUNTY COMBINED HEALTH DISTRICT

416 South East Street – Lebanon, Ohio 45036

Duane Stansbury, R.S., M.P.H.  
HEALTH COMMISSIONER

Scott R. Swope, D.O.  
MEDICAL DIRECTOR



**Public Health**  
Prevent. Promote. Protect.

## **Household Sewage Treatment System Alteration Application**

### **Preparation For Review Requirements**

The following site preparation must be completed prior to any review of the property for a sewage system repair/alteration as follows:

1. Complete the attached application for a Household Sewage Treatment System Alteration Evaluation.
2. On an 8 ½ x 11 inch sheet of paper include a site plan drawing with accurate dimensions of the lot and house. The site plan is to indicate the location of the existing sewage system, private water system(s) or public water line, underground gas or electric lines, and any easements crossing the property.
3. Prior to the review the septic tank surface is to be uncovered and the distribution box is to be exposed.
4. Submit the completed site plan and application to the Warren County Combined Health District office.
5. The review should be completed within ten (10) working days upon receipt of a completed site plan and application.

Warren County Combined Health District

**Sewage Treatment System Alteration Application**

416 South East Street  
Lebanon, Ohio 45036  
(513) 695-1220

Fee: **No Charge**  
Date Received: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Owner (if different) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Address of Site to be Reviewed:** \_\_\_\_\_

Township: \_\_\_\_\_

6. Lot Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ acres.

7. Water supply location indicated on site plan: Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does all laundry, sink, tub/shower water enter the septic tank: Yes \_\_\_\_\_ No \_\_\_\_\_

9. Septic tank surface and distribution box exposed: Yes \_\_\_\_\_ No \_\_\_\_\_

10. Location of underground gas or electric line indicated on site plan: Yes \_\_\_\_\_ No \_\_\_\_\_

11. Location of easements located on site plan: Yes \_\_\_\_\_ No \_\_\_\_\_

12. Number of bedrooms in home: \_\_\_\_\_

13. Type Dwelling foundation: Basement \_\_\_\_\_ Slab \_\_\_\_\_ Crawlspace \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

Soil Types: \_\_\_\_\_

Soil Characteristics: \_\_\_\_\_

Tank size and conditions: \_\_\_\_\_

Distribution box condition: \_\_\_\_\_

Depth to septic tank outlet: \_\_\_\_\_ Distribution box depth: \_\_\_\_\_

Repair recommendations: \_\_\_\_\_

\_\_\_\_\_  
Environmental Health Sanitarian Date of Review

# Example Site Plan

