

## SITE REVIEW INSTRUCTIONS AND APPLICATION

### Site Review Requirements for Sewage Treatment System (STS) Approval

1. Soil evaluations for new sewage treatment systems (STS) must be completed by a soil scientist who meets the qualifications set forth in Ohio Administrative Code Chapter 3701-29. A list of soil scientists can be obtained at [www.wcchd.com](http://www.wcchd.com). This list in no way reflects a recommendation of these individuals over any other qualified soil evaluator nor does it provide a complete list of individuals capable of performing soil evaluations. Soil evaluations must contain the information that is required in accordance with [Chapter 3701-29-07 of the Ohio Administrative Code](#).
2. Once the soil evaluation of the property is completed the property owner is responsible for acquiring a system design from a qualified system designer. A list of sewage treatment system designers can be found at [www.wcchd.com](http://www.wcchd.com). This list in no way reflects a recommendation of these individuals over any other system designer nor does it reflect all individuals who provide sewage treatment system designs. The sewage treatment system designer must complete a design in accordance with [Chapter 3701-29-10 of the Ohio Administrative Code](#).
3. You must place a sign on the front of the lot with your name and/or lot number on it. The lot corners need to be staked and flagged and the 4-corner footprint of the proposed house must be staked and flagged. All proposed sewage treatment system components including the soil absorption area of the sewage treatment system must also be staked. The vegetation on the lot must not exceed 18 inches in height.
4. Complete the enclosed application requesting a site review by the Warren County Health Department and submit it, along with the report from the soil scientist and the sewage treatment system designer to this office. The fee for the site review is \$160.00 and the fee must accompany the application for review. The site will be reviewed within 10 working days of receipt of the completed application to this office. If you have any questions related to this process please contact our office at 513-695-1220.

## Site Review Application for a Sewage Treatment System

Warren County Combined Health District  
416 South East Street  
Lebanon, OH 45036  
513-695-1220

Fee: \$160.00  
Date Paid: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Initials: \_\_\_\_\_

Soil Evaluation Report Attached: \_\_\_\_\_

Sewage Treatment System Designer Report Attached: \_\_\_\_\_

Site Location: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Owner (If Different): \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Name of Soil Scientist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Sewage Treatment System Designer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**Please provide the following information regarding the lot and home.**

1. Lot Dimensions: \_\_\_\_\_ ft. X \_\_\_\_\_ ft. = \_\_\_\_\_ acres

2. Dwelling Dimensions: \_\_\_\_\_ ft. X \_\_\_\_\_ ft

3. No. of Bedrooms in the Home \_\_\_\_\_

(Any room within a dwelling that might reasonably be used as a sleeping room including but not limited to rooms designated as dens, office, study, sewing room, library, etc.):

4. Proposed Foundation: Walkout Basement: \_\_\_ Basement: \_\_\_ Slab: \_\_\_ Crawlspace: \_\_\_

5. Type of Water Supply: Well: \_\_\_ Cistern: \_\_\_ Public (County/City): \_\_\_ Other: \_\_\_\_\_

6. Dwelling Set-back from Roadway: \_\_\_\_\_ ft.

**Please answer the following questions.**

1. Do you plan to install an outbuilding, pool, etc. and does your design plan indicate its location?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

2. Have you prepared the lot for the Health Department Evaluation?

Lot Corners Staked: \_\_\_\_\_

House Corners Staked: \_\_\_\_\_

Sign with Name/Lot Number Placed on Front of Lot: \_\_\_\_\_ Soil Absorption Area Staked: \_\_\_\_\_

3. If the lot/house is not staked yet, when will it be ready for review? Date: \_\_\_\_\_

I hereby certify that the above and attached information is a true and accurate representation of my lot and proposed dwelling for which I am seeking approval to utilize a sewage treatment system.

Owner or Owner's Representative: \_\_\_\_\_

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