

Warren County Combined Health District

**Residential Addition – Sewage Treatment System Evaluation**

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

Fee: \$85.00  
Date Paid: \_\_\_\_\_  
Receipt No: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Address to be Reviewed: \_\_\_\_\_

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

1. Lot Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. and/or \_\_\_\_\_ acres
2. Type of Existing Sewage System: \_\_\_\_\_ Septic Tank/Leaching \_\_\_\_\_ Aeration
3. Type Water Supply: \_\_\_\_\_ Public \_\_\_\_\_ Private (well, hauled water storage tank, etc.)
4. Type of Addition: \_\_\_\_\_ Bedroom(s) \_\_\_\_\_ Swimming Pool \_\_\_\_\_ Detached Garage \_\_\_\_\_  
Other \_\_\_\_\_ Please Describe: \_\_\_\_\_
5. Existing No. of Bedrooms: \_\_\_\_\_
6. Dwelling Foundation: \_\_\_\_\_ Basement \_\_\_\_\_ Crawlspace \_\_\_\_\_ Slab

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

Applicant or Representative

DO NOT WRITE BELOW THIS LINE

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**Health Department Use Only**

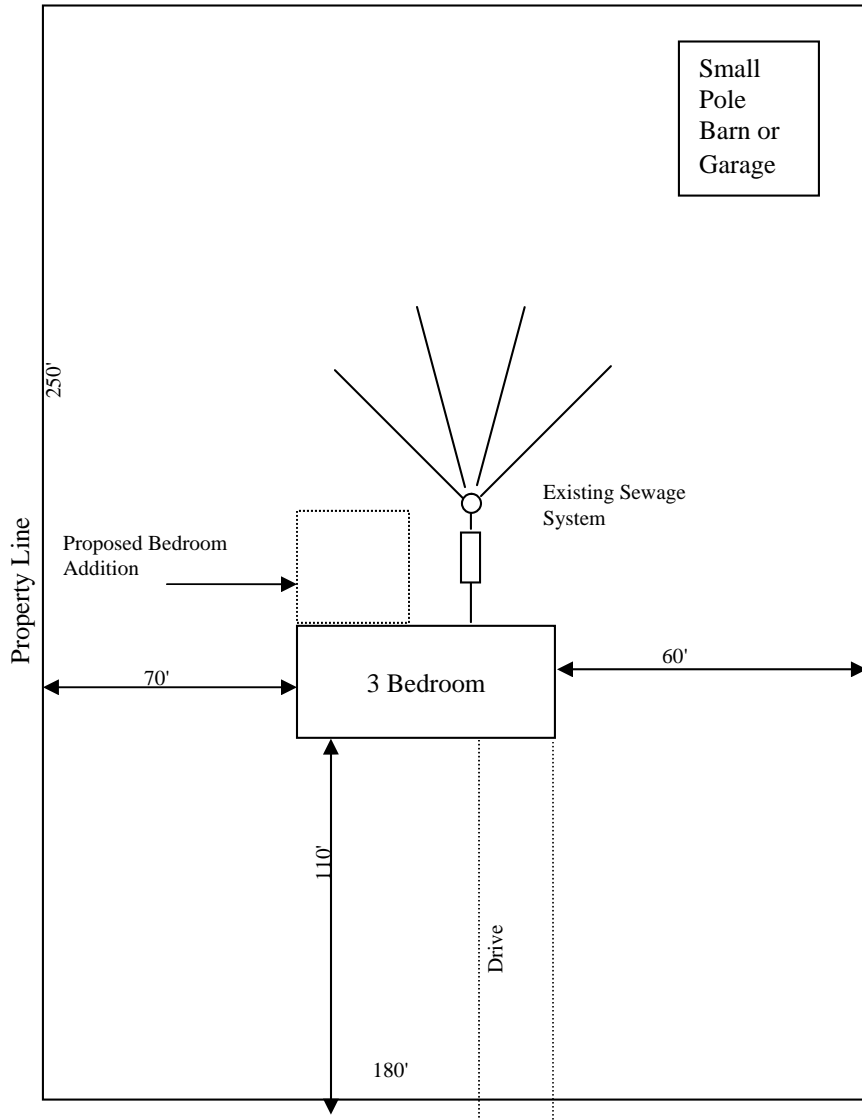
1. Existing sewage system location confirmed? Yes: \_\_\_\_\_ No: \_\_\_\_\_
2. Existing sewage system functioning properly? Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Adequate room to replace existing system? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Example Site Plan – Bedroom Addition



John W. Smith  
3623 State Route 123  
Lebanon, Ohio 45036