

**FEE: \$75.00- NONREFUNDABLE**

Form last revised: 10/13/2011

**Receipt #** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Time: \_\_\_\_\_

**DARKE COUNTY GENERAL HEALTH DISTRICT**

300 Garst Avenue

Greenville, Ohio 45331

[www.darkecountyhealth.org](http://www.darkecountyhealth.org)

Phone: (937) 548-4196 Fax: (937) 548-9654

**APPLICATION FOR LAND SPLIT APPROVAL**

*These inspections are scheduled on Thursday afternoons ONLY!*

*Typically water test results are not available until late afternoon the following Monday.*

*Please note: we cannot guarantee when these results will be received and that you would receive an approval letter that day.*

**PLEASE SEND EVALUATION RESULTS TO**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**LOCATION OF REQUESTED EVALUATION**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Township \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_

Directions: \_\_\_\_\_

Is the home occupied or vacant? \_\_\_\_\_ If vacant, how long? \_\_\_\_\_

When was the home built? \_\_\_\_\_ Builder of home: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ System has (circle): aeration tank septic tank

Previous Owners (1950 to present): \_\_\_\_\_

Total acreage of property for proposed land split: \_\_\_\_\_

Amount of acreage to be subdivided with buildings/home: \_\_\_\_\_

Name of county ditch/ tile/ stream for curtain and/or sewer drain to outlet to:  
\_\_\_\_\_

Drainage easements to be obtained/already obtained from the following property owners:  
\_\_\_\_\_

Please note: a copy of all recorded easements required are to be submitted to the Health Department **prior** to plat review.

**NOTE:**

If the land split is for building lot approval, a site evaluation application still must be completed in order for the lot to be considered approved by the Health Department.. This application requires the submission of soil test results for primary and replacement septic system areas.

Requirements for land split approval:

- \_\_\_\_\_ 1. Satisfactory inspection of home sewage treatment system (see attached inspection form)
- \_\_\_\_\_ 2. Satisfactory water sample tested for total coliform bacteria (see attached inspection form)
- \_\_\_\_\_ 3. Soil testing for replacement septic area (if required)
- \_\_\_\_\_ 4. An unzoned township approval letter (if required); attached to this application
- \_\_\_\_\_ 5. All necessary affidavit and/or easements recorded and submitted to the Health Department
- \_\_\_\_\_ 6. A copy of the mylar submitted to the Health Department prior to Planning Commission meeting

In addition to Planning Commission requirements, the following items the must be included on the mylar/plat in order to obtain Health Department approval:

- ❖ Location of primary septic system
- ❖ Location of backup septic system area
- ❖ Location of the well
- ❖ Drainage (curtain and/or sewer) easements- 30 foot in width
- ❖ Location of county tile/ ditch/ stream
- ❖ Engineer’s and Zoning inspector’s (if zoned township) signatures

**LIST OF SEPTIC PUMPER**

Barnes Sewer & Septic	Winchester, IN	(765) 584-7295
Booso’s Septic Cleaning	Lewisburg, OH	(937) 962-4435
Cooper’s Sanitary Service	West Milton, OH	(937) 698-6200
Flatter’s Septic Tanks	Greenville, OH	(937) 548-7667
Frantz Septic Cleaning	Bradford, OH	(937) 448-2138
Frech’s Cleaning Service	New Madison, OH	(937) 996-1615
Kirkman’s Plbg & Eel Service Inc.	Greenville, OH	(937) 548-1072
Mike’s Sanitation	New Bremen, OH	(419) 629-3695
Roto-Rooter	Dayton, OH	(937) 496-3975
Rumpke Transportation Co, LLC	Richmond, IN	(765) 966-5030

## EVALUATION OF EXISTING HOME SEWAGE SYSTEM

The lids of the septic tank and splitter/distribution boxes must be uncovered prior to the time of inspection. If there are no risers on the inlet and outlet lids of the septic tank or on the dry well, they will be required. If the system has a dry well, uncover the lid to the dry well. If the system has a subsurface sand filter, the outlet tile must be uncovered in order to sample the quality of the effluent. An inspection port will be required on the outlet tile of the sand filter if one does not currently exist. An upflow filter will be required following an aeration system, if not already installed. A scavenger registered with the Darke County Health Department must pump the septic tank while the inspector is present.

The inspector's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage system and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of the home sewage system.

The owner/applicant agrees to the requirements of the special service inspection and understands that upgrades may be required if deemed appropriate by the Health Department. The applicant also understands that the system will be placed under the Operational Permitting Program of the Darke County Health Department. Please see Operational Permit Pamphlet for additional information regarding this program.

If for any reason you must cancel or reschedule the appointment, you must call in at least 24 hours prior to the originally scheduled appointment.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Homeowner or representative \_\_\_\_\_ Date \_\_\_\_\_

### **FOR OFFICE USE ONLY**

SEPTIC SYSTEM: APPROVED \_\_\_ DISAPPROVED \_\_\_ INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

DATE PUMPED \_\_\_\_\_ PUMPER \_\_\_\_\_ # GALLONS \_\_\_\_\_

CORRECTIONS NEEDED: \_\_\_\_\_

DATE RE-INSPECTED : \_\_\_\_\_ INSPECTOR \_\_\_\_\_

SOIL TESTING REQUIRED?    YES    NO                      EASEMENT REQUIRED?    YES    NO  
 .....  
 .....

**Type of System:**

Aeration _____	Lineal Feet <u>  18"  </u> <u>  36"  </u>	Split Field _____	Mound System _____
Tank _____ gal. w/risers	Graveless <u>  18"  </u> <u>  36"  </u>	Gradient/ Curtain Drain _____	Drip System _____
Existing _____	Upflow Filter _____	Inspection Port _____	Other _____

**System Type Code (Circle):**

1. Soil Absorption
2. NPDES discharging

**Soil Credit Used (Circle):**

1. One foot credit used
2. Two foot credit used

**Type of installation:** New / Replacement / Alteration

**Type of soil from survey** \_\_\_\_\_

**System Description Code (Circle):**

1. Septic tank to shallow leach lines
2. Pretreatment to shallow leach lines
3. Septic tank to 18"-30" leach lines
4. Pretreatment to 18" – 30" leach lines
5. Septic tank to sand mound
6. Pretreatment to sand mound
7. Septic tank to drip distribution
8. Pretreatment to drip distribution
9. NPDES System
10. Other

**Easement:**    Y or N

**Depth to Limiting Layer** \_\_\_\_\_ inches

**System Flow (GPD):** \_\_\_\_\_

**Vertical Separation Distance (VSD):** \_\_\_\_ Ft.

**# Bedrooms:** \_\_\_\_\_

**Estimated Cost:** \_\_\_\_\_

**Operational Permit Fee:** \_\_\_\_\_

**Installer:** \_\_\_\_\_

**O/M Description (circle):** Conventional  
 Mechanical

**O&M Month:** \_\_\_\_\_

*Water Testing Application on Reverse Side*



## CONTACT INFORMATION

### **Health Department Contact Information:**

*Health Commissioner:* T.L. Holman, DVM, RS

*Environmental Director:* Roberta Mangan, RS, MPH

*Environmental Secretary:* Teresa Plessinger 937-548-4196 ext. 209

*Sewage Inspectors:* Liz Farver, RS 937-548-4196 ext. 233

Sophie O'Connor, RS 937-548-4196 ext. 208

*Plumbing Inspector:* Lance Begoon, CPI 937-548-4196 ext. 207

*Sanitarians:* Corrie Holthaus, RS, Janel Hodges, RS

**County Engineer:** James Surber

Location: Basement of County Courthouse

Greenville, Ohio 45331

937-547-7375

**GIS Department**

Location: 1<sup>st</sup> Floor of County Courthouse

Greenville, Ohio 45331

937-547-7310

### **Planning Commission/ Review Board:**

Contact: Curtis Yount

Location: Basement of County Administration Building

520 S. Broadway, Greenville, Ohio 45331

937-547-7381

### **Building Regulations:**

Contact: Ron Francis

Location: Basement of County Administration Building

520 S. Broadway, Greenville, Ohio 45331

937-547-7379

**Zoning:** Adams, Brown, Butler, Franklin, Greenville, Harrison, Jackson, Liberty, Neave, Van Buren, Wayne, and Wabash Townships See Curtis Yount, 937-547-7381

*Monroe Township:* See Scott Peele, 9490 Grubbs-Rex Rd., Laura, OH 45337, Phone: 947-1769

*Twin Township:* Dennis Benedict, 2580 Tillman Road, Arcanum, OH 45304, Phone 692-5633

**Unzoned Townships:** Contact any of the listed trustees

<b>Allen:</b>	Neal Siefring	<b>Phone:</b> 338-6113	<b>Richland:</b> Ted Mangan	<b>Phone:</b> 337-0184	
	Paul Mestemaker	338-5837		Bruce Knick	337-8081
	Jerry Bergman	338-5575		Robert Wagner	337-7491
<b>Mississinawa:</b>	Robert Stump	375-4728	<b>York:</b> Michael Mangan	526-3254	
	Edward Rauh	375-4319		James Zumbrink	336-7932
	Roger Fortkamp	968-7408		Bill Barga	336-6573
<b>Patterson:</b>	Samuel Polhman	582-2703	<b>Washington:</b> Joe Martin	548-3068	
	Steven G. Puthoff	582-2007		William Hart	968-6047
	Kenneth Bohman	582-5944		Wayne Baker	548-5210

