

FEE: \$55.00- 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

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

APPLICATION FOR HOME REMODEL/ROOM ADDITION

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

The Health Department files records of septic systems by the homeowners' last name when the system was installed (with some exceptions).

Name of the homeowners from 1950 to present:

Year purchased:

Is this a room addition involving bedrooms? Yes No

Is this a room addition involving plumbing? Yes No

Will the room addition maintain a distance of 10ft from the existing septic system? Yes No

Will the room addition maintain a distance of 10ft from the well? Yes No

(Continued on Other Side)

SPECIAL SERVICE REQUIREMENTS

The lids of the septic tank and distribution boxes (if applicable) must be uncovered prior to the time of inspection. If there are no risers on the inlet and outlet lids of the septic tank, 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. A scavenger registered with the Darke County Health Department must pump the septic tank while the inspector is present. A list of scavengers is available upon request.

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 _____

PERMIT ISSUED YES NO DATE OF ISSUANCE: _____ O&M MONTH _____

PLUMBING PERMIT NEEDED: YES NO TYPE OF ROOM ADDITION: _____

Type of System:

Aeration _____	Lineal Feet _____ 18" _____ 36"	Split Field _____	Mound System _____
Tank _____ gal. w/risers	Graveless _____ 18" _____ 36"	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

LIST OF SEPTIC PUMPERS

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

