



256 Williamstown Road
Ottawa, OH 45875
Phone: 419-523-5608
Fax: 567-538-5076
Email: pchd@putnamhealth.com
Website: www.putnamhealth.com

Instructions for completing Application for Site Evaluation

- Please carefully read the information below and keep for your reference.
 - Complete the information on the following pages and include your signature.
 - Submit completed application and site drawing along with the fee to the Putnam County Health Department. **A site evaluation will not be scheduled until this information is received.**
1. **Submit to the Putnam County Health Department the application including the site drawing prior to site evaluation. The site drawing must include any current and future site information including ponds, pools, buildings, etc.**
Submit the application and a detailed drawing of the property. The drawing must include the acreage of the proposed lot existing physical structures, underground utilities, topographic features, ponds, existing or new location of sewage treatment system (STS), proposed replacement location for the STS, well or water source, water bodies, easements, utilities, proposed property lines, driveway, drainage lines, site conditions including vegetation, and drainage features and any other information necessary. Isolation distances for all STS's shall be no less than:
10 (ten) feet from utility service line, roadway, road surface, driveway, or other hardscapes, property line or right-of-way boundary, properly sealed well, any building or other structure, areas with recorded easements, intermittent streams, swales, geothermal horizontal closed loop systems, irrigation lines and gray water recycling systems.
50 (fifty) feet from any surface water impoundment, lake, river, wetland, perennial stream and road cut-banks, water supply source (well, pond, etc.), and vertical open and closed loop geothermal heating and/or cooling system.
 2. **Schedule a soil evaluation with a Soil Scientist. This is needed only if you are installing a new or replacement system or altering the soil absorption area of the existing system. Notify PCHD of the scheduled date of the soil evaluation, at least ten days in advance of the soil evaluation appointment. Soil evaluations must be in accordance with Ohio Administrative Code (OAC) 3701-29.**
The Putnam County Health Department does not perform soil evaluations.
A qualified soil evaluator must conduct an evaluation of the soils in order to determine the type and size of system that will be adequate to treat the household sewage on the property.
- The following soil scientists have indicated that they are willing to work in Putnam County:

Steven A. Miller, Soil Scientist	Frank Gibbs, CPSS, CPSC, PWS & CCA
Soil evaluation and design	Soil evaluation
Phone: 614-579-1164	Phone: 419-963-2542
Email: soilconsultant@gmail.com	Email: fegibbs21@gmail.com

-Additional soil scientists are listed at the following websites but have not indicated that they would be willing to work in Putnam County:
Soil Science Society of America <https://www.soils.org/cerifications/professional-search>
Association of Ohio Pedologists <http://www.ohiopedologist.com/consultant-list.html>
 3. **Identify property lines (for new development) prior to the soil and site evaluation.**
If the property lines are not easily identifiable such as an existing grass lot, they must be staked out and easily visible during the soil and site evaluation.
 4. **Work with a designer to design your Sewage Treatment System (STS) for your property after a soil and site evaluation has been completed. The design must be completed in accordance with OAC 3701-29-10.**
Putnam County Health Department does not prepare system designs. However, the design must be submitted for review and approval to the Putnam County Health Department. A design is a detailed plan showing how treatment of septic effluent will be achieved in the soil conditions present on your property. This service may be provided by soil evaluators, installers or septic system product manufacturers.



256 Williamstown Road
Ottawa, OH 45875
Phone: 419-523-5608
Fax: 567-538-5076
Email: pchd@putnamhealth.com
Website: www.putnamhealth.com

Application for Site Evaluation

for Sewage Treatment System (STS)
Gray Water Recycling System (GWRS)

Site evaluation is required by OAC 3701-29-09 and must be approved prior to an issuance of an installation permit.

Gray areas must be completed

Location/description of the property to be evaluated. Enter the street address, if known, otherwise describe the location with at least the road and near what other roads or landmarks.

Location of the Property (if the property does not have an address)			Township	
Street Address	City	State	Zip	Acres
Wooded Site? <input type="checkbox"/> YES <input type="checkbox"/> NO Flood Plain? <input type="checkbox"/> YES <input type="checkbox"/> NO Wetlands? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Existing Features: <input type="checkbox"/> Pond <input type="checkbox"/> Well <input type="checkbox"/> Buildings			Proposed date of Building _____	
Reason for Site Evaluation: <input type="checkbox"/> New System* <input type="checkbox"/> Replacement System* <input type="checkbox"/> Tank Replacement (has secondary treatment) <input type="checkbox"/> Connecting to Existing System <input type="checkbox"/> Alteration of Soil Absorption Area* <input type="checkbox"/> Other: _____				

Who is applying for this evaluation? Please provide complete mailing address and contact information.

Name/ Company				Phone
Street Address	City	State	Zip	Email

Indicate the proposed work. Indicate the number of bedrooms (must be the same as the auditor's website)

HOUSEHOLD SEWAGE TREATMENT SYSTEM <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration # Bedrooms _____
GRAY WATER RECYCLING SYSTEM (separate system not required) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> N/A

Indicate what will be used as the water supply source (a permit is required when connecting to a new or existing system)

<input type="checkbox"/> Drilled Well <input type="checkbox"/> Pond <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Municipal Supply

Indicate other systems proposed (any additional systems must be included on the drawing)

<input type="checkbox"/> Geothermal <input type="checkbox"/> Other _____
--

Read below, sign and date this application.

By submitting this application, I authorize representatives of the Putnam County Health Department to enter the property referenced above for the purpose of conducting a site evaluation. I further agree that a permit to install (ODH form HEA 5444) must be obtained (separate application and fee) before any work is started.	
Owner / Applicant Signature	Date

----- Office Use Only- Do Not Write Below This Line -----

Total Fee: \$150 / \$350*	Date Paid _____	Receipt # _____
---------------------------	-----------------	-----------------

