

256 Williamstown Rd Ottawa, OH 45875 Phone: 419-523-5608 Fax: 567-538-5076

Email: <a href="mailto:pchd@putnamhealth.com">pchd@putnamhealth.com</a>
Website: <a href="mailto:www.putnamhealth.com">www.putnamhealth.com</a>

## Instructions for Completing Application for Site Evaluation for Tank Replacement Only

- Please carefully read the information below and keep for your reference.
- Complete the information on the following pages and include your signature.
- Submit <u>completed application</u> and <u>site drawing</u> along with the \$150 fee to the Putnam County Health Department. A <u>site evaluation</u> will <u>not</u> be scheduled until this information is received.
- Submit to the Putnam County Health Department the application including the site drawing prior to site evaluation. The site drawing must include the proposed tank replacement location and 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.

You may choose to print an aerial view of your property from the Putnam County GIS (<a href="www.putnamcountygis.com/septicsandwells/">www.putnamcountygis.com/septicsandwells/</a>), but all applicable items from the list above must be marked.

Please note that a tank replacement is only allowable for existing systems that include a secondary treatment.



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## **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.

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													
Location of the Property (if the p	property does not have	e an address	5)		Township								
Street Address	City			State	Zip		Acres						
Wooded Site? ☐ YES ☐ NO	Flood Plain?	□YES □	NO <b>V</b>	Vetlands?	P = YES = N	10							
Existing Features:  Pond	□ Well □ Building	s	Propose	d date of	Building _								
Reason for Site Evaluation:  □ Connecting to Existing Sys					nk Replacer Other:								
Who is applying for this evaluation? Please provide complete mailing address and contact information.													
Name/ Company			Phor	пе									
Street Address	City	State	Zip	Ema	il								
Indicate the proposed work. I	ndicate the number	er of bedro	oms (must	be the sam	e as the audit	or's website)							
HOUSEHOLD SEWAGE TRE	ATMENT SYSTEM	Ո □ <u>New</u>	Replace	ment 🗆 <u>.</u>	<u>Alteration</u>	# Bedro	oms						
GRAY WATER RECYCLING	SYSTEM (separate s	ystem not requ	iired) 🗆 <u>Ne</u> v	<u>w</u> □ <u>Re</u> p	olacement	□ <u>Alterati</u>	on □ <u>N/A</u>						
Indicate what will be used as	the water supply s	source (a pe	ermit is requ	ired when c	onnecting to a	new or exist	ting system)						
□ Drilled Well	□ Pond □ Hau	led Water T	ank [	□ Cistern	□ Muni	cipal Supp	ly						
Indicate other systems propo	sed (any additional sy	ystems must l	oe included o	on the drawi	ing)								
□ G	eothermal		□ Other		-								
Read below, sign and date th	is application.												
By submitting this application enter the property reference permit to install (ODH form I started.	d above for the pu	urpose of c	onducting	g a site e	valuation. I	further ag	ree that a						
Owner / Applicant Signature					Date								
Office Use Only- Do Not Write Below This Line													
Total Fee: \$150	D / \$350* Da	ate Paid		Re	eceipt #								
1													



Property Address \_\_\_

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## **SITE PLAN**

**Show North Arrow** 

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