



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 To Connect to Existing Sewage Treatment System

- 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 \$150 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), 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 (www.putnamcountygis.com/septicsandwells/), but all applicable items from the list above must be marked.

Please note that in order for an existing sewage treatment system to be used, the system must have a form of secondary treatment, the tank must be pumped, and a registered STS contractor must submit documentation to the health department on their letterhead that the entire sewage treatment system has been inspected and all components are in good working condition. If any component (for example, effluent filter, distribution box, inspection port, etc.) of the system is missing, the system will be required to be upgraded to include the missing component.



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 # _____
---------------------------	-----------------	-----------------



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

Email: pchd@putnamhealth.com
Website: www.putnamhealth.com

SITE PLAN

Property Address _____

Location _____

- Show North Arrow
- Scale of drawing: One square = _____ feet
- Include all information listed in the instructions (#1)

How are the property boundaries identified on the site? _____

I certify that the above information is accurate to the best of my knowledge.

I am the Owner or Authorized Agent

My telephone number is _____ Name _____

Applicant's Signature _____

Applicant's Mailing Address _____

City _____ State _____ Zip _____