



256 Williamstown Rd
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 for Connection to Existing Septic 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 the septic system 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 (www.putnamcountygis.com/septicsandwells/), but all applicable items from the list above must be marked.

2. The property owner must read and sign the documents Household Sewage Treatment System Memorandum of Understand/Permit Terms and Conditions AND Statement of Special Conditions/Requirements for System. These documents are to be returned with the Site Evaluation Application.

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.

In addition, an evaluation will be conducted by the Putnam County Health Department to determine if the existing sewage treatment system is causing a nuisance.



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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.

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 _____
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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

***Signature required. To add a signature, click on FILL & SIGN. Click on SIGN, then ADD SIGNATURE. Type your name. Click APPLY. You can then move the signature to the box and adjust the size. Applications will NOT be processed until payment is received.**

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

Total Fee: \$150 / \$350*	Date Paid _____	Receipt # _____
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Household Sewage Treatment System Statement of Special Conditions/ Requirements for System Approval

In accordance with Ohio Administrative Code (OAC) 3701-29 Sewage Treatment System Rules, I hereby acknowledge the household sewage treatment system (HSTS) being installed at the property named below has special conditions and requirements that must be met for system approval.

I understand the Putnam County Health Department (PCHD) shall not issue a HSTS installation permit unless the applicant acknowledges they have been provided with the following information:

1. The infiltrative surface (bottom) of the leaching area of the soil absorption component (leach field) shall be installed at least six (6) inches above the seasonal water table, also referred to as a perched water table, and above any associated restrictive soil layer.
2. Frequent monitoring of the HSTS by the property owner is required and the PCHD may collect samples or observe the system at any time.
3. It the responsibility of the property owner to disclose all information contained in this document to future owners of this property.
4. The HSTS must be designed and installed per site-specific requirements provided by the designer and PCHD in the Soil Evaluation, Design and Site Evaluation Results.
5. For new construction, if the system type allows, the building sewer line may need to be installed at a raised elevation if a gravity-flow system is preferred and to avoid the use of a lift station and pump. This often necessitates raising the foundation higher than normal building standards and requires a coordinated planning effort between the HSTS contractor and the foundation contractor to determine the proper elevation for a gravity-flow system.
6. Future modifications to the HSTS will be required if the system is found to be failing as determined by the PCHD.

I understand PCHD cannot approve an HSTS installation without the following:

1. An easement, if required by OAC Rule 3701-29-16 (G)(6).
2. A final inspection.
3. Construction documentation meeting the requirements of OAC Rule 3701-29-09, submitted by the installer and service provider (if applicable).
4. A service contract (if required) specific to the HSTS shall be maintained for the life of the system. Refer to HSTS Permit Terms and Conditions for system specific service contract requirements.

By signing below I acknowledge and understand the information above. In addition, I concur that I have been informed the soils on my property are not conducive to a fully-functioning conventional in ground HSTS and I am requesting a permit for a system that may have limited time period within which it is functional due to the presence of a relatively shallow seasonal water table and soil characteristics present on this property. I also understand that my system will perform more effectively when used as intended at the designed capacity and properly maintained. I acknowledge I am aware that water conservation and limiting the amount of solids put into the HSTS are keys to extending the longevity of the HSTS.

Property Street Address, City, State, Zip Code

Date

Print Name

Signature



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HOUSEHOLD SEWAGE TREATMENT SYSTEM

Memorandum of Understanding/Permit Terms and Conditions

I understand that any Household Sewage Treatment System (HSTS) has no known lifespan in Putnam County and there are many factors that determine the long-term performance of each HSTS. The best way to promote long term operation of any HSTS is to perform preventative maintenance. The Putnam County Health Department (PCHD) has no data on success or failure rates of any of the systems installed and in operation to date. PCHD inspects, to the best of their knowledge, every type of HSTS as they are being installed to ensure compliance with current regulations in an attempt to maximize the life-span of the HSTS.

Each system is unique and requires specific maintenance. Routine maintenance promotes performance of the system and increases longevity. The following maintenance is imperative for system functionality:

1. Routine cleaning of the effluent filter
2. Resting 25% of the trenches for 12 months- (Chamber Systems)
3. Checking the peat fiber- (Puraflo Systems)
4. Annual maintenance of the pump and pump floats, control panel, alarm and flushing of the lateral pipes. (Sand Mound Systems)
5. Annual maintenance of the pump and pump floats, control panel and alarm, annual required testing, and compliance with the Ohio Environmental Protection Agency’s General NPDES requirements. (Aeration systems requiring an NPDES permit from Ohio EPA.)

Only a Sewage Treatment System (STS) Installer registered with Putnam County Health Department may install Sewage Treatment Systems. Only an STS Service Provider with Putnam County Health Department may perform maintenance on Sewage Treatment Systems. Only an STS septage hauler with Putnam County may pump septic tanks.

I understand the Putnam County Health Department (PCHD) shall not issue an HSTS permit unless the applicant acknowledges they have been provided with the following terms and conditions:

1. The septic tank shall be pumped by a registered septage hauler at least once every ten (10) years.
2. A valid Operation and Maintenance Permit shall be renewed every five (5) years for the life of the HSTS.
3. A service contract with a PCHD registered service provider specific to the HSTS shall be maintained for the life of the system and must have annual maintenance performed. The following systems will be **required** to maintain service contracts Sand Mounds, Spray Irrigation (semi-annual inspections and maintenance), and Aeration Systems requiring an NPDES permit from Ohio EPA.
4. The STS shall be evaluated by a registered STS contractor or PCHD at least once every 5 years.

It is the homeowner’s responsibility to notify any future owner of the preventative maintenance that has been performed on the HSTS and any future maintenance and/or preventative maintenance that should be completed or scheduled for the HSTS.

By signing below, I agree the four (4) terms and conditions will be met for the life of the HSTS and that I will provide this information to any future homeowner.

Property Street Address, City, State Zip Code

Date

Print Name

Signature