



**Defiance County General Health District**  
 1300 East Second Street, Suite 100, Defiance, Ohio 43512  
 Phone: 419-784-3818 Fax: 419-782-4979  
 www.defiancecohealth.org

**Public Health**  
 Prevent. Promote. Protect.

<b>For Office Use Only:</b>	
Site Review Application #:	_____
Date Application Received:	_____
Fee Paid:	_____

**Application For a Site Review/ Soil Evaluation/ Design of an HSTS, SFOSTS, of GWRS**

<b>Type of System:</b> <input type="checkbox"/> Household Sewage Treatment System (HSTS) <input type="checkbox"/> Small Flow On-Site Treatment System (SFOSTS) <input type="checkbox"/> Gray Water Recycling System (GWRS)	<b>Application for Site Review/ Soil Evaluation/ Design:</b> <input type="checkbox"/> Site Review (\$100.00) <input type="checkbox"/> Soil Evaluation (\$200.00) <input type="checkbox"/> Design (\$150.00)                      Total: \$ _____
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Property Street Address Location (include City and Zip Code)		Parcel #	Township / Section
Owner's Name	Owner Mailing Address (include City and Zip Code)		Phone #
Applicant's Name (if different from owner)	Applicant Mailing Address (include City and Zip Code)		Phone #

The following information must be submitted with this application:

<input type="checkbox"/> Wells and other water systems;	<input type="checkbox"/> Available drainage outlets;
<input type="checkbox"/> Existing and proposed dwellings and structures;	<input type="checkbox"/> Underground utilities and storage tanks;
<input type="checkbox"/> Drainage lines and major structures;	<input type="checkbox"/> Exact dimensions of the lot;
<input type="checkbox"/> Ponds, streams, creeks, and reservoirs;	<input type="checkbox"/> Significant topographical changes;
<input type="checkbox"/> Proposed HSTS area and replacement area;	<input type="checkbox"/> Site disturbances; and
<input type="checkbox"/> Right-of-way lines;	<input type="checkbox"/> North directional arrow.

Please keep in mind the following isolation distances:

- 100 feet— Water table ponds
- 50 feet—Reservoirs (clay lined ponds)
- 10 feet—Occupied buildings
- 10 feet—Adjacent lots
- 10 feet—Right-of-ways
- 10 feet—Water service lines
- 100 feet—Wells (less than 25 feet in depth)
- 50 feet—Wells (25 feet or more in depth)

The following documents must be submitted with this application:

1. Site and soil evaluation form completed by a district sanitarian or soil scientist;
2. Scaled site drawing as outlined in OAC 3701-29-08 (B); and
3. Layout or design plan as outlined in OAC 3701-29-09.1.

**Applicant/ Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Before the site review can be scheduled, the following must be done:

1. All property lines must be clearly marked, and
2. Primary and secondary sewage areas must be clearly marked and protected from disturbance.

I, the undersigned, hereby certify that the above information, and that included in the accompanying documents is correct and truthful. I also understand that any deviation from the above may nullify approval of this site for a permit to install. I understand that this is a site review and is not a permit to install. A separate permit will be required for installation, upon site approval. I authorize representatives of the Defiance County General Health District to enter the property referenced above for the purpose of conduction a site review, soil evaluation, or design. I further agree that a permit to install (ODH form HEA 5444 and fee) must be obtained before any work is started. I understand that the site review will expire one year after the approval date.



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**SITE PLAN**

Property Address	
Owner/ Applicant	Prepared By

<p><b>SITE PLAN DRAWING</b></p> <ul style="list-style-type: none"> <li>Clearly indicate the location of the proposed sewage treatment system.</li> <li>Clearly indicate all possible sources for contamination from the list to the right.</li> <li>Clearly indicate the north direction, property lines, roads and road intersections.</li> </ul>	<p><b>LIST OF POTENTIAL CONTAMINATION SOURCES.</b></p> <p>All distances must be specific to the sewage treatment system.</p> <ul style="list-style-type: none"> <li>House, Building</li> <li>Property Lines</li> <li>Existing cisterns, ponds, springs, or wells</li> <li>Road right-of-ways and road utility easements</li> <li>Public roadways</li> <li>Existing sewage tanks, sewage absorption fields, and vault privies</li> <li>Unregulated constructed wells or boreholes</li> <li>Geothermal systems</li> <li>Streams, Lakes, Ponds</li> <li>Storm water and other ditches with intermittent flow</li> <li>Natural gas or propane tanks</li> <li>Any other necessary information</li> </ul>
<p>One Square = _____ Feet</p>	

Comments:



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## Site Plan Addendum (To Be Completed with Sanitarian)

Proposed system to serve (check all that apply):		Water system
<input type="checkbox"/> New Construction <input type="checkbox"/> Replacement Dwelling <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement System <input type="checkbox"/> Incremental replacement	<input type="checkbox"/> Single family dwelling <input type="checkbox"/> Two family dwelling <input type="checkbox"/> Three family dwelling <input type="checkbox"/> Dwelling and related structure* <input type="checkbox"/> Dwelling with a home business* <input type="checkbox"/> Vacation rental cabin*	<input type="checkbox"/> Bed and Breakfast* <input type="checkbox"/> Residential Facility* <input type="checkbox"/> Home Restaurant* <input type="checkbox"/> Group Home* Total Number of units: _____ *See Guidance on reverse
		Is public water available to site? <input type="checkbox"/> Yes <input type="checkbox"/> No Will yard hydrants be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Water Source: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Well <input type="checkbox"/> Pond <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Spring <input type="checkbox"/> Public Water <input type="checkbox"/> Combination

Is any part of the property impacted by:	Pipeline / Utility easement <input type="checkbox"/> Yes <input type="checkbox"/> No	100 yr floodplain 06(H)(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	Designated floodway 06(H)(1) <input type="checkbox"/> Yes <input type="checkbox"/> No	Designated wetland 06(H)(2) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Will any part of the sewage treatment system or replacement area be located on a parcel separate from the dwelling or ancillary structure?  
 Yes  No If yes see requirements under 3701-29-06(G)(4)

Sewage generation:  
 Total number of bedrooms: \_\_\_\_\_ bathrooms: \_\_\_\_\_ Hot tub or swimming pool: \_\_\_\_\_  
 Garbage disposal:  Yes  No Water softener\*:  Yes  No Backwashing filters\*:  Yes  No Sanitary sump pit:  Yes  No  
 Do you request a reduction in the daily design flow per 11(B)(5)?  Yes  No  
 \*drain lines may not connect directly to the sewage system as this creates a dangerous cross connection between the sewage and water system.

Storm water sources: \_\_\_\_\_ Cistern overflow  Yes  No Sump pit:  Yes  No Sump pit location:  Basement  Crawlspace  Exterior

Floor Drains in garage:  Yes  No - Floor Drains in ancillary building:  Yes  No

06(E)	Will the STS or GRWS discharge to any ditch, stream, pond, lake, natural or artificial waterway, drain tile, other surface water conveyance or to the surface of the ground? <input type="checkbox"/> Yes <input type="checkbox"/> No
06(E)	Will the STS or GWRS receive water from roof, foundation, clear water sumps, swimming pools, or other sources that do not convey or generate sewage from the structures served by the STS? <input type="checkbox"/> Yes <input type="checkbox"/> No
06(E)	Will the STS be used for the holding, treatment, or dispersal of industrial waste or storm water for industrial activities: <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain how the above waters will be managed? \_\_\_\_\_  
 How will roof water be managed? \_\_\_\_\_  
 Per rule roof water, foundation drain, cistern overflow, surface drainage, and subsurface drainage shall not be discharged into a household sewage disposal system.

Heating System:  Propane  Natural Gas  Electric  Geothermal\*  Fuel Oil  Wood/renewable

Type of geothermal system	<input type="checkbox"/> Closed Loop <input type="checkbox"/> Horizontal Field <input type="checkbox"/> Vertical Borehole <input type="checkbox"/> Pond Loop System <input type="checkbox"/> Open Loop - Water Source _____ Open Loop system will discharge to: _____
	Will Geo system share water source with water system? <input type="checkbox"/> Yes <input type="checkbox"/> No Furnace Size _____ BTU - Water use: _____ GPD

\*Geothermal Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Business or agricultural activity planned for site: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Health Department Use Only**

	GPD	Sanitary Isolation Radius	Susceptibility
Hicksville Village	651,000	300	Low
Sherwood Village	144,000	300	Low
Ney Village	50,000	300	High
Hickory Acres Campground	10,000	100	Low
Shepherd's Pasture	7,100	84	Low
Hickory Hills Golf	4,165	65	Low
Club 111	3,800	62	Low
Jewell Café	3,500	59	Low
Power Dam Express	2,450	50	Low
DAV Hall	2,300	50	Low
Independence Education Center	2,200	50	High
St. Stephan's	1,500	50	Low
Harvest Life Fellowship	1,320	50	Low
First Church of God	1,090	50	Low
St Michael Catholic	1,050	50	Low
Bethlehem Lutheran	1,000	50	Low
St. John Lutheran	900	50	Low
Zion Lutheran	870	50	Low
Hicksville Christian Fellowship	830	50	Moderate
Farmer Union Ch	450	50	Low
Faith Baptist	125	50	Low

A SFOSTS shall have additional design and/or O&M requirements when sited within the inner management zone of a drinking water source protection area determined to be highly susceptible to contamination by the Ohio EPA source water assessment and protection program for a community or non-transient non-community public water system as defined in rule 3745-81-01 of the Administrative Code.

	GPD	Susceptibility
Ney Village, 03428 Ney Williams Center Road, Washington 17	50,000	High
Independence Education Center, Flory Road, Richland 4	2,200	High
Defiance City	4,380,000	High

06(f)	Is the property accessible to public sewerage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Watershed:
06(H)(3)	Located in PWS Sanitary Isolation Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Located in PWS Sanitary Isolation Area? <input type="checkbox"/> Yes <input type="checkbox"/> No
NPDES? <input type="checkbox"/> Yes <input type="checkbox"/> No	UIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flowing Well Area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Predominant Soil Types:		Timeframe to Install:
Pond Limitations:		
Is a pond system allowed due to lack of groundwater resources or presence of untreatable levels of sulfur? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Special terms and conditions:		
Site meets requirements set forth in OAC 3701-29-08? <input type="checkbox"/> Yes <input type="checkbox"/> No		Worksheets Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Design plan/ layout meets requirements set forth in OAC 3701-29-09? <input type="checkbox"/> Yes <input type="checkbox"/> No		Inspection Date:

\_\_\_\_\_  
Date of Approval/ Denial

\_\_\_\_\_  
Signature of Reviewer