



LAWRENCE COUNTY HEALTH DEPARTMENT

2122 South 8th Street
 Ironton, Ohio 45638
 TELEPHONE: 740-532-3962
 FAX NUMBER: 740-532-1014

Application #: SR- _____

SEWAGE SYSTEM SITE REVIEW APPLICATION

Site Address: _____

City: _____ Zip Code: _____ Parcel #: _____

Owner/Applicant Name: _____

Owner/Applicant Mailing Address: _____

Phone Number: (____)-____-____ E-mail: _____

Builder/Excavator: _____

Directions to Site: _____

PERMIT WILL BE ISSUED FOR: NEW EXISTING

Is the property in the 100-year floodplain or a floodway?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the property been stripped or surface mined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be a basement with bath and/or laundry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of bedrooms and acreage.	Bedrooms:	Acres:

AGREEMENT

I, the owner or owner's legal representative, agree to allow representatives of the Lawrence County Health Department (LCHD) access to the described parcel to perform necessary soil tests. **I understand that this is not a permit and in no way guarantees that a septic can be installed on this property. I also understand that I will be required to obtain a permit before construction of the septic may begin.** The permit will not be valid until issued. I further agree to install, operate, and maintain the sewage treatment system in accordance with the Ohio Administrative Code (OAC) and the LCHD regulations. I agree to contact the LCHD for final inspection of the sewage treatment system at least 24 hours prior to backfilling and **will not occupy the property until approval is granted.** The LCHD assumes no responsibility for the efficient functioning of any private sewage system. Proper maintenance is essential. **I understand that if any information submitted on this form is inaccurate, the permit will not be issued, or, if it has been issued, it will then be considered void.** I am responsible for ensuring all utility lines are marked prior to any excavation. I also understand that excavating any area deems that area unusable for septic according to the OAC 3718.02 (A)(6) requires a Board of Health to inspect a sewage treatment system not later than 12 months after its installation to ensure that the system is operating properly. The rules shall require a board of health, no later than 60 days after the inspection, to certify to the director on a form provided by the director that the inspection was performed. Therefore, I understand the LCHD performs a follow-up inspection on all new system



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installations 12-18 months after the system is completed to evaluate system performance and provide homeowner education.

Owner/Applicant's Name: _____ Date: ____/____/____

Owner/Applicant's Signature: _____

Please submit this form to complete step one, a site evaluation, with the \$200.00 fee. Once the site review is approved, return the permit application, step two, to the LCHD with the \$324.00 fee, a copy of your plat map, deed, and property description. These documents must include information such as any recorded easements, length and location of lot lines. Plat maps can be obtained at the auditor's office. An appointment will be scheduled to meet with you or your representative at the property to conduct the site review. **You will need to arrange to have the means to provide a test pits with the dimensions of 3'w x 3'l x 5'd during the site review.** Lot lines must be clear, or they will need to be flagged. An address is required before permits can be issued.

After site review is completed, the sanitarian will notify you or your installer the minimum requirement once the following is completed:

- The site area has been inspected and approved.
- Design plan of STS and/or incremental replacement plan has been submitted and approved.
- Lawrence County Plat Map of site has been submitted, and/or deed and property description, if required.
- Area stakes and roped off for sewage system installation.
- A copy of the legally recorded easement is submitted, if required.
- A variance from the Board of Health, if required.
- NPDES permit submitted, if required. Permit Number: _____
- Soil evaluation has been received or conducted by a LCHD Sanitarian.
- System reviewed with home owner.

Lawrence County agencies involved in the process:

Lawrence County Auditor's Office: (740)-533-4310

Lawrence County Engineer's Office: (740)-533-4317

Ohio Utilities Protection Service "Call before you dig!": (800)-362-2764



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TO BE COMPLETED BY THE HEALTH DEPARTMENT:

The following items must be submitted, reviewed, and approved by this office to obtain a septic system operation permit. **NOTE:** the area designated for sewage system installation must be protected from construction traffic, storage of minerals, encroachment of any kind, or other potential damage.

Initials	Date	Items
		The site area has been inspected and approved.
		Design plan of STS and/or incremental replacement plan has been submitted and approved.
		Lawrence County Plat Map of site has been submitted and/or deed and property description, if required.
		Area staked and roped off for sewage system installation.
		A copy of the legally recorded easement is submitted, if required.
		A variance from Board of Health is approved, if required.
		NPDES permit submitted, if required. Permit Number:
		Soil evaluation has been received.
		System reviewed with the home owner(s).

New

 Replacement

 Alteration

 NPDES

Comments/Limitations:

Approved By: _____

Date: _____ Date Expires: _____

LCHD OFFICE USE ONLY	
Fee: \$200.00	Date:
Receipt #:	Initials:



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Frequently Asked Questions

1. Why do I need an operational permit for my sewage treatment system?
 - They are required by OAC 3701-29-19. This is a state mandated permit, not a county requirement. Each county in Ohio is required to develop and operation and maintenance management program.
 - Some counties are going to approach this program differently than others. For example, some counties are going door to door to inspect ever single, residential sewage system in the county, along with any new or altered sewage treatment systems that are given a permit by that county's local health department.
 - Other situations that get an inspection and/or permit include:
 - Systems that require a lot split.
 - Deed transfers.
 - Realty sewage inspections.
 - Building additions.

2. Who does the LCHD inspect? How often? What is the cost?
 - Lawrence County Public Health does not have enough staff to go door to door to inspect every residential sewage system in the county. Therefore, we have implemented operational permits on any new or altered sewage systems, any sewage systems that are part of a lot split, deed transfers, building additions, and realty sewage inspections. The rationale behind this is that our office must go out to these properties to inspect the sewage systems anyway, so they are put into the operation and maintenance program. This, in turn, saves our office time and money.
 - Frequency of inspections and fees:
 - Non-mechanical- Septic tank to gravity leach lines.
 - 10-year permit: \$50.00
 - Mechanical device- Septic tank to dosing tank to leach lines.
 - 5-year permit: \$50.00
 - Mechanical device- Aeration tank to gravity leach lines.
 - 5-year permit: \$50.00
 - Discharge system- Aeration tank and up flow filter to discharge.
 - 1-year permit: \$35.00

3. What has the LCHD done to address failing systems that continue to be a nuisance?
 - EPA Sewage Grant- Water Pollution Control Loan Fund (WPCLF)
 - Assists residential sewage system owners in handling the cost of fixing their sewage treatment systems.



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Property Owner: _____

SITE PLAN MUST BE CURRENT

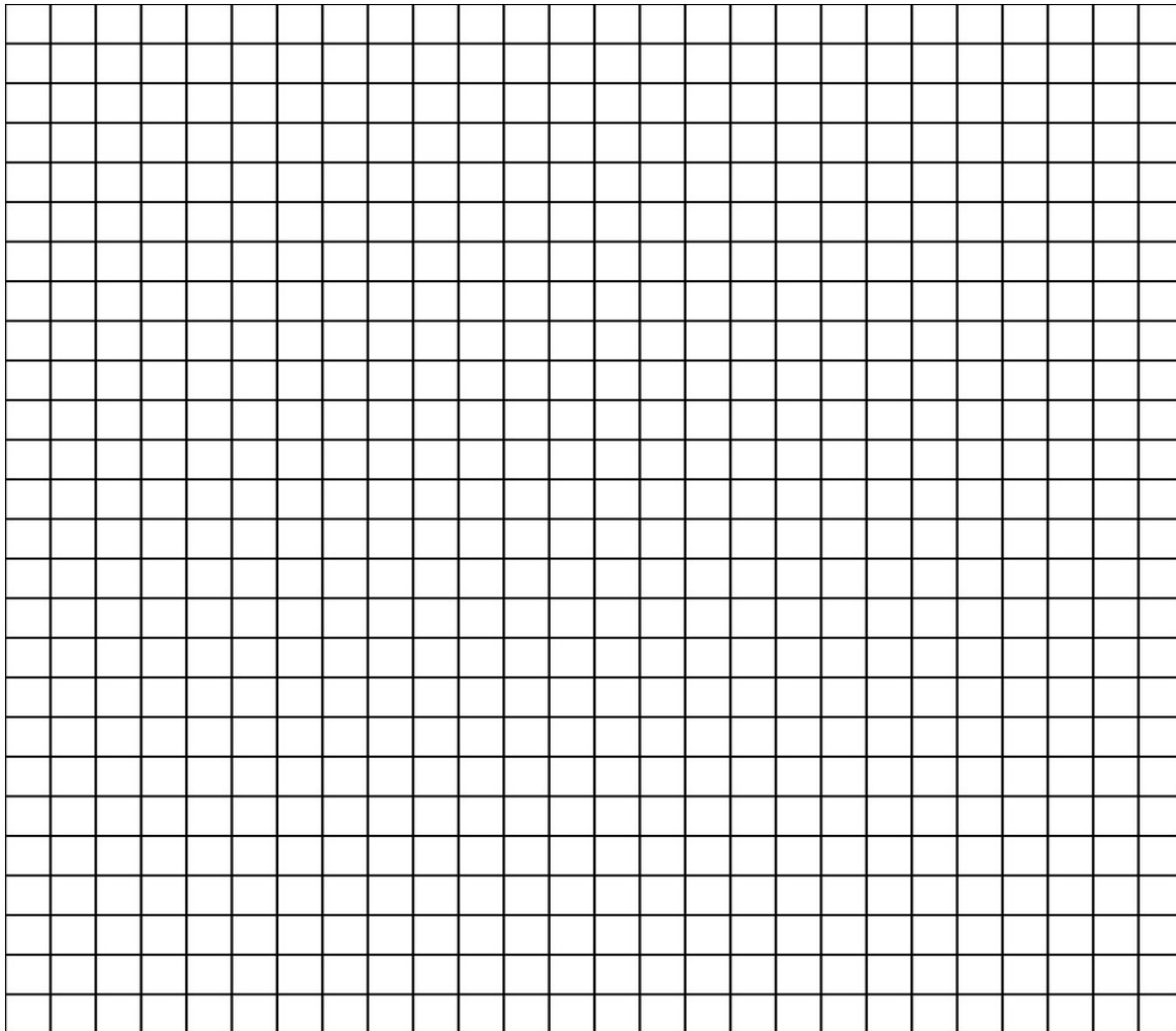
Site Address: _____ City: _____ Zip: _____

Township: _____ Tax Lot: _____ Acres: _____

Subdivision: _____ Lot: _____ Block: _____

Scale 1 square= _____ Ft

Site plan must show all property lines and planes.



I certify that the above information is accurate to the best of my knowledge. The site plan is based on actual measurements and conditions on the site.

I am the Owner or Authorized Agent. Name (printed): _____

Signature: _____ Date: _____