



MORROW COUNTY HEALTH DISTRICT
 Stephanie Bragg, RN, BSN, MHA, Health Commissioner
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DATE PAID: _____
RECEIPT #: _____
AMOUNT PAID: _____

SITE & PLAN APPLICATION

Site Address: _____ City: _____ State: _____ Zip: _____

Township: _____ Size (acres): _____ Proposed # Bedrooms: _____ Lot #: _____

Parcel #: _____ Subdivision (if applicable): _____

Person requesting: _____

Phone #: _____ E-mail Address: _____

Affiliation to Property (Builder, Installer, Property Owner, etc.): _____

Requestors Address: _____ City: _____ State: _____ Zip: _____

Owners Name (Print): _____ City: _____ State: _____ Zip: _____

Owners Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-mail Address: _____

AN APPLICATION THAT DOES NOT INCLUDE A SOIL REPORT, HOUSE PLANS, AND DESIGN PLANS WILL NOT BE ACCEPTED.

Prior to review, a protective barrier must be placed around the Sewage Treatment System (STS) areas. A protective barrier will be placed on site (Date): _____.

A site review will be performed after the date above (pending approval of soil evaluation and system design plans). The STS absorption area should be mowed at the time of inspection to determine the natural grade of the ground. **If a barrier is not in place, a reinspection fee may be assessed.** A protective barrier shall be a minimum of 18" above natural ground level and be clearly visible from 25' away. Caution tape is not to be used as a barrier. Snow fence or silt fence are the recommended barriers.

The soil loading rates assigned to the septic treatment system were determine by your soil scientist. The soil loading rates are based on soil characteristics observed by the soil scientist. Soil characteristics may change due to compaction or disturbance. If the soils are compacted or disturbed, the soils may need to be reevaluated or the system may need to be redesigned. If the soils are severely disturbed, the replacement area may be used but another replacement area will need to be identified. If redesigns are necessary, additional fees and inspections may be required.

System to be installed by: Morrow County Registered Installer _____
(Company Name)

Homeowner (Must have proof of passing required ODH exam before a permit can be issued)

- I, _____ (property owner or authorized representative) hereby apply for a site & plan review.
- I agree to construct and install this system in compliance with the Sewage Treatment System (STS) rules and regulations of the Morrow County Health District (MCHD) and the Ohio Department of Health. _____ **(Initial)**
- I understand the permit is only transferable upon the sale of the property for which the permit was issued. _____ **(Initial)**
- I agree not to deviate from the approved plan during installation. Any deviation from the approved plan without prior written approval from the MCHD and designer will result in the system being disapproved. _____ **(Initial)**
- I agree not to cover any part of this system until a final inspection has been performed and approved. _____ **(Initial)**
- I understand when I apply for a Septic permit (new install/alteration/replacement) it expires if not complete within 12 months of issuance. _____ **(Initial)**
- I understand the operation permit will go into effect at the time when the 12 month inspection was conducted (12 months from the final inspection date of the system). _____ **(Initial)**
- I understand that I will be required to renew my operation permit at a period of: yearly for mechanical systems or every 10 years for non-mechanical-gravity systems following the 12 month inspection of operation. _____ **(Initial)**
- I understand that the issuance of a septic permit is not an expressed or implied guarantee that the system will operate satisfactorily on this site. Many factors such as but not limited to: site conditions, weather conditions, water usage and fluctuation of the seasonal water table may have an effect on the satisfactory operation of this system and I further understand workmanship is the basis of the final inspection. _____ **(Initial)**
- I agree to abandon this system if sanitary sewer becomes available and connect this residence to central sewer. I will disclose this to a potential buyer during transfer. _____ **(Initial)**
- I understand that I am required to maintain a service contract with a MCHD registered Service Provider Company and agree to do so for the life of the system per the operation permit. _____ **(Initial)**
- I agree that system options have been explained to me and the plans submitted for approval are of my choice. _____ **(Initial)**
- I understand if construction starts prior to the approval of the septic design I assume all risk and responsibility for potential redesign or possible relocation of the septic system. _____ **(Initial)**
- I agree MCHD has the right to inspect the STS at all reasonable times. _____ **(Initial)**

AFTER ALL INFORMATION HAS BEEN SUBMITTED, REVIEW WILL BEGIN. IF ALL ITEMS ARE FOUND TO BE IN COMPLIANCE WITH OHIO DEPARTMENT OF HEALTH AND MORROW COUNTY HEALTH DISTRICT RULES, A PERMIT MAY BE ISSUED. RECEIPT OF THE APPLICATION DOES NOT GUARANTEE PERMIT.

The Site/Plan Approval **EXPIRES** 5 years from the approval. Failure to obtain a permit to install within 5 years of this approval date will result in this approval being null and void. Changes to the site/plans may require additional reviews and/or fees.

THIS IS NOT YOUR PERMIT TO INSTALL, ALTER, OR REPLACE THE SEWAGE SYSTEM.

Requester Signature: _____ Date: _____