



SUMMIT COUNTY COMBINED GENERAL HEALTH DISTRICT

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www.schd.org

BASIC EVALUATION OF AN EXISTING SEWAGE TREATMENT SYSTEM (STS)

APPLICATION

Job Site Address:		Zip Code:	Parcel I.D.:
Parcel acreage:	Parcel dimensions:		Township/Village/City:
Owner/applicant:			Phone:

Reason for Application:

\$57 FEE

- Remaining home from proposed lot split:** Evaluation of HSTS that is in use, but land on which it is located is part of a minor or major subdivision proposal.
- Building & Excavation Review:**
 - Dwelling addition/remodel,** for projects that will increase the potential occupancy or foot-print of the existing dwelling. Briefly describe below.
 - Garage, shed or other accessory buildings, lot excavation project, pond construction, swimming pool installation, etc.**

Existing Dwelling & Project Information:

One-Family Two-Family Three-Family Total number of bedrooms: _____ Square footage of the dwelling: _____

Water Source: "City" water Private Water System (Well Cistern Hauled Water Storage Tank Spring)

BRIEF PROJECT DESCRIPTION: (Include a copy of site and/or building plans)

I understand that any approval or disapproval issued by the Health District is based on the information I have provided. I further understand that *any change in this information may result in a voided approval made by this Department*. This evaluation is not as complete as a property transfer evaluation and may not be used as an assessment of the suitability of the STS for ownership transfer. See additional instruction on the "Basic Evaluation..." form.

Signature of Applicant: _____

Date: _____

Health District Use Below This Line:

Existing System Data:	This form does not constitute a Site and Soil Evaluation. If alterations or replacement of the STS is required, it will be necessary for the applicant to submit the appropriate application form and fee.
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Review Conclusions:

- APPROVED** See attached approved stamped plan.
The proposal meets the minimum requirements of the Environmental Health Code (EHC) and Ohio Administrative Code (OAC) 3701-29.
- The proposal is **APPROVED WITH THE FOLLOWING CONDITIONS** necessary to meet code requirements:
 - Minor repair of STS is necessary.
 - Repair/Replacement of major portions of STS is necessary.
 - A STS permit is required & is to be presented to Building/Zoning in with this form to be considered approved.
 - Sanitary sewer service is available and the STS must be abandoned
 - Other: _____
- DISAPPROVED:** The proposed project is not capable of meeting the minimum requirements of the EHC and/or OAC without adversely affecting the HSTS or future HSTS replacement area.

Inspector's Signature: _____

Date: _____

The conclusions rendered may be without knowledge of some of the individual parts of the STS and water system and applies only to the date and time the opinion was made. Therefore, this evaluation does not guarantee the future performance of the STS

Site inspection date(s):	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:	<input type="checkbox"/> ID #:	This is not a permit.
	<input type="checkbox"/> Fee not apply		

BASIC EVALUATION OF A STS FOR A LOT SPLIT OR CONSTRUCTION PROJECT

Homes that are served by an individual sewage treatment system (STS) are dependent on the system and its continued function for proper wastewater treatment. Projects that involve building, lot split, or excavation on such a property need to be assessed prior to construction to prevent damage to the STS or areas meant to be utilized for replacement area for the STS.

If the STS is damaged during construction or the structure is increased to a size that overloads the STS, future repairs may be severely limited if the STS is not given primary consideration. Please complete the application on the reverse side of this form.

INSTRUCTIONS FOR COMPLETING THE EVALUATION REQUEST

Please completely fill out the upper portions of the application. In listing the number of bedrooms keep in mind that the design of the STS for the proposed project is based on the potential occupancy of the dwelling. A bedroom is any room that can practically be used as a bedroom including a home office, den, library, etc.

Project Description: please give a brief description of the project. Indicate the increase in ground floor square footage, increase in bedrooms, construction of out buildings, excavation of ponds, etc. Include a scale site drawing (not to exceed a paper size of 11" x 17") of your proposed project or lot split.

Fee: The \$55 fee is required for all projects that involve an increase in the footprint of the home or in the increase in number of bedrooms and where proposed excavation or construction (filling of low spots, ponds, pools, decks, porches, garages, sheds, etc) is near the private water system and/or sewage treatment system.

REVIEW PROCESS

The inspector will evaluate available existing records regarding the STS and will likely conduct a site inspection. If a site visit is necessary, the septic tank and distribution box lid of the septic system may have to be exposed. In some cases, more extensive excavation may be necessary to determine where buried components of the STS are located. If the proposed project is likely to damage the existing STS or limit the possibility of future repair/replacement options, the project cannot be approved. If the system is found to be functioning inadequately, repairs will be required prior to Health District approval of the project. If sanitary sewer is available to the parcel, permits must be secured for tie-in prior to approval of the project.

PROPERTY TRANSFER INSPECTIONS

This application is not adequate for the inspection of a HSTS for transfer of property, please request the proper form.

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