



## Onsite Sewage Treatment Systems

### Site Evaluation

#### CONTACTS:

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#### FOR AGENCY USE ONLY

Date Received: / /

### I. Applicant:

Applicant:			
Mailing Address:			
City:	State:	Zip:	
Phone: ( ) -	Fax: ( ) -	Email:	

### II. Owner: (if different than Applicant)

Property Owner:			
Mailing Address:			
City:	State:	Zip:	
Phone: ( ) -	Fax: ( ) -	E-mail :	

### III. Project Location:

Project Name:	Acres:	
County:	Township/City:	
Street Address:	Parcel Number:	
Proposed Facility:		

### IV. Water Source:

<input type="checkbox"/> Well:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	
<input type="checkbox"/> Public System:			
<input type="checkbox"/> Other:			

### V. Wastewater Sources: (Check All That Applies)

<input type="checkbox"/> Restroom(s)	<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Floor Drain(s)	<input type="checkbox"/> Water Softener	
<input type="checkbox"/> Sink(s)	<input type="checkbox"/> Swimming Pool Backwash	
<input type="checkbox"/> Dish Washer	<input type="checkbox"/> Industrial Process Water*	
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Other(Please Specify):	
<input type="checkbox"/> Shower(s)	* Not typically permitted for discharge to soil absorption systems – Contact district office for disposal options	

### VI. Brief Project Description:

## VII. Facility Descriptions: (Check All That Applies)

<input type="checkbox"/> <b>Grocery, Food Services, Carry-Out</b>		<input type="checkbox"/> <b>Factories, Offices, Warehouses, Retail, Service Facilities</b>	
Number of seats:		Number of employees:	
Number of employees:		Are showers provided:	
Selling prepackaged items only:		Will there be floor drains:	
Is it carry-out only:		Will industrial waste be produced:	
Will food be prepared in the store:		Number of beauty salon bowls:	
<input type="checkbox"/> <b>Church</b>		<input type="checkbox"/> <b>Doctor Office / Vet Clinic / Animal Boarding</b>	
Number of sanctuary seats:		Number of doctors:	
How many services held per week:		Number of employees:	
Will there be a kitchen in the church:		Number of patients/day:	
Is there a hall:		Number of runs/cages:	
Is there a school or daycare:		<input type="checkbox"/> <b>Campground</b>	
<input type="checkbox"/> <b>Apartments</b>		Number of sites / cabins/ campers:	
Number of 1 bedroom units:		Number of showers buildings:	
Number of 2 bedroom units:		Number of flushing toilets:	
Number of 3 bedroom units:		Will there be a dump station:	
<input type="checkbox"/> <b>Subdivision/Mobile Home Park</b>		<input type="checkbox"/> <b>Other: Please Describe Source of Wastewater</b>	
Number of homes:			
Number of trailers:			

## VIII. Soil Information:

A soil evaluation shall be conducted prior to the beginning of any construction activities on site. The soil evaluation shall identify the following items:

<input type="checkbox"/> Depth to limiting condition	<input type="checkbox"/> Estimated linear loading rate
<input type="checkbox"/> Type of limiting condition	
<input type="checkbox"/> Estimated permeability of soil	
<input type="checkbox"/> Soil classification	

## IX. Additional Information:

A site evaluation shall identify the following items that will be provided at the time of the submittal of the permit to install application:

<input type="checkbox"/> Property lines	<input type="checkbox"/> Other sewage systems
<input type="checkbox"/> Site in relation to township	<input type="checkbox"/> Wells
<input type="checkbox"/> County / state roads	<input type="checkbox"/> Surface water (streams, lakes, ponds, etc.)
<input type="checkbox"/> Existing structures on proposed site	<input type="checkbox"/> Other site restrictions:

## X. Signatures:

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.*

Signature of Owner/Applicant:	Date:	/ /
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