Crawford County General Health District, 130 N. Walnut St., Suite B, Bucyrus, OH 44820
Phone: (419)562-5871 Fax: (419)562-2048

Application for Site Review for Household Sewage Treatment System (HSTS)

Proposed system to serve:
☐ Single family dwelling ☐Two family dwelling ☐Three family dwelling ☐Other (specify) _____

Proposed system type: ☐ New ☐ Replacement ☐ Alteration

Type of Water Supply: ☐ Public Water Supply
☐ Private Water Supply - circle type: drilled well, cistern, hauled water storage tank, pond

Please Type or Print in Ballpoint Pen:

Owner / Applicant (circle)			Phone #
Mailing Address			
City	State	Zip Code	
Location of Property:			
Street Address of Property, if applicable:			
City	Zip Code	Township	Parcel #

Size of existing/proposed building lot: Acres:_____ Dimensions: _____ # of Bedrooms: _____

The following accompanying documents are required for consideration for site review:

1. **Site and soil evaluation form completed as outlined in CCGHD Chapter 29-08 (B). ***
2. **Scaled site drawing as outlined in CCGHD Chapter 29-08 (B).**
3. **Layout or design plan as outlined in CCGHD Chapter 29-09.1**

Before the site review can be scheduled, the following must be done by the applicant:
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 site review is not a permit to install. A separate permit will be required for installation, upon site approval.

_____ _____
Owner / Applicant Signature Date

*For replacement of existing systems, site and soil evaluation may be waived by our department, if it is determined that there is no suitable area for an on-lot replacement system. Alterations of existing systems do not require the site and soil evaluation.

Health Department Use Only

Fee: $_____ Receipt # _____ Site ID # _____

Site meets requirements? _____ Yes _____ No

Design plan / layout plan meets requirements? _____ Yes _____ No

Date of Health Department site review inspection: _____

Name of Soil Evaluator: _____ System Designer: _____

_____ _____
Date of approval / denial Reviewer

Note: Site Review is valid for one year from the date of approval.