

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

Proposed system to serve:

- Single family dwelling     
  Two family dwelling     
  Three family dwelling     
  Vacation, rental cabin  
 Bed and Breakfast as defined in ORC 3717.42 (B)(2)     
  Privy     
  Holding Tank  
 Private home as defined in ORC 3717.42 (B)(13)     
  Government regulated residential facility as defined in ORC 3717.42(B)(4)

Proposed system type:     
 New     
 Replacement     
 Alteration     
 Lot Split-existing home

Please Type or Print in Ballpoint Pen:

Owner / Applicant		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: \_\_\_\_\_    Frontage: \_\_\_\_\_    Depth: \_\_\_\_\_

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

1. Site and soil evaluation form completed by a certified soil scientist as outlined in OAC 3701-29-08 (B). \*
2. Scaled site drawing as outlined in OAC 3701-29-08 (B).
3. Layout or design plan as outlined in OAC 3701-29-09.1

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.

**This site review will expire one year after the approval date.**

\_\_\_\_\_  
Owner / Applicant Signature

\_\_\_\_\_  
Date

\* Site and soil evaluation may be waived by our department for replacement of existing systems, if it is determined that there is not sufficient area for an on-lot replacement system. NPDES permit is required.

**Health Department Use Only**

Fee: \$ \_\_\_\_\_      Receipt # \_\_\_\_\_      Site ID # \_\_\_\_\_

Site meets requirements set forth in OAC 3701-29-08?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Design plan / layout plan meets requirements set forth in OAC 3701-29-09.1?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Date of Health Department site review inspection: \_\_\_\_\_

**Attach worksheets**

\_\_\_\_\_  
Date of approval / denial

\_\_\_\_\_  
Reviewer



**Marion County Health Department**  
**Environmental Health Division**  
222 West Center Street  
Marion, Ohio 43302

Phone: (740) 223-4162

Fax: (740) 223-4225

Web Site: [www.marionhealthdept.com](http://www.marionhealthdept.com)

The Marion County Environmental Health Division is located in the lower level of the Marion County Building

INSTRUCTIONS FOR PREPARATION OF A

## RESIDENTIAL SITE PLAN

Site plan must be **current**, drawn to scale on 8 ½ x 11 paper, and show all property lines. If unable to draw to scale, property lines must still be shown noting actual dimensions or total acreage. Failure to include all of the items listed below may delay the review necessary to obtain a permit.

**ITEMS THAT MUST BE SHOWN ON YOUR SITE PLAN:**

- 1. NORTH ARROW.
- 2. SCALE OF DRAWING. One square = \_\_\_\_\_ feet.
- 3. STREET NAME accessing the parcel.
- 4. ALL PROPERTY LINES AND DIMENSIONS - existing and proposed.
- 5. DRIVEWAYS AND ROADS - existing and proposed.
- 6. EXISTING AND PROPOSED STRUCTURES - label as "Proposed" and "Existing". Include dimensions and distance to all property lines and other structures.
- 7. UTILITY LINES AND EASEMENTS.
- 8. GEOGRAPHIC FEATURES - ground slope and direction of slope, escarpments, streams, ponds, or other drainage ways.
- 9. WELLS - existing and proposed on this parcel and adjacent parcels within 100 feet.
- 10. FENCES, RETAINING WALLS, OTHER HARDSCAPES - location of existing and/or proposed.
- 11. LOT SPLITS (if applicable) - shown by dotted lines, with parcels labeled as "Parcel 1", "Parcel 2", etc.
- 12. SEPTIC SYSTEM and REPLACEMENT AREA - existing and proposed. Show existing septic tank, drain field lines and distance from structure(s).
- 13. CHANGES IN GRADE - CUTS/FILLS - show existing and proposed.
- 14. ELEVATIONS - at lot corners or construction area and at corners of building site.

Additional information, such as patio slabs, walkways, roof overhangs, etc., may be required for the issuance of your permit.

**SITE PLAN FOR PROPOSED RESIDENTIAL DEVELOPMENT**

**TWO (2) COPIES REQUIRED**

Property Owner(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

USE THE REVERSE SIDE OF THIS FORM TO DRAW YOUR SITE PLAN

**SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**

Drawn to Scale: 1 square = \_\_\_\_\_

Feet Not Drawn to Scale: Total Acres \_\_\_\_\_

A large rectangular area filled with a grid of small dots, intended for drawing a site plan. The grid is approximately 40 squares wide and 60 squares high.

**I certify that the above information is accurate to the best of my knowledge. I AM THE  Owner or  Authorized Agent**

My telephone number is: \_\_\_\_\_ NAME (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

.....  
*FOR OFFICE USE ONLY*

PLAN APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_