

# Property Improvement Application for Homes with Sewage Treatment Systems



**Lorain County  
Public Health**

For the Health of Us All

Lorain County Public Health (LCPH) must review and approve proposed changes or additions to properties with a sewage treatment system (STS). The purpose of the review process is to:

- Make sure that the changes will not impact the proper functioning of the STS
- Make sure that the STS is sized to handle any additional capacity
- Make sure that the STS is functioning properly prior to approval

*By signing this application you agree to allow a representative of LCPH to access your property.*

## Section 1: Property Owner Information

Permanent Parcel #: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Township: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

Designated Agent's Name (if different from above): \_\_\_\_\_

Designated Agent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Designated Agent's Signature: \_\_\_\_\_

Please check which address above you would like correspondence to be sent.

## Section 2: Proposed Property Changes / Additions

What type of change / addition is being proposed?

Patio/Deck     Garage     Shed / Outbuilding     In Ground Pool     Above Ground Pool

Geothermal     Pond     Home Addition (describe): \_\_\_\_\_

New Bedroom (s)    Current # of bedrooms in home: \_\_\_\_\_    Proposed # of additional bedrooms: \_\_\_\_\_

Other (describe): \_\_\_\_\_

Size (dimensions) of proposed structure: \_\_\_\_\_

**Mail application to address below**

Section 3: Sewage Treatment System and Water Supply Information

Type of sewage treatment system:

- Tank Type: [ ] aeration [ ] septic [ ] unknown      Size of tank (if known): \_\_\_\_\_
- Secondary Treatment: [ ] filter bed [ ] leaching tile field [ ] mound [ ] other: \_\_\_\_\_

Does the STS discharge off the property? [ ] Yes [ ] No [ ] I don't know.

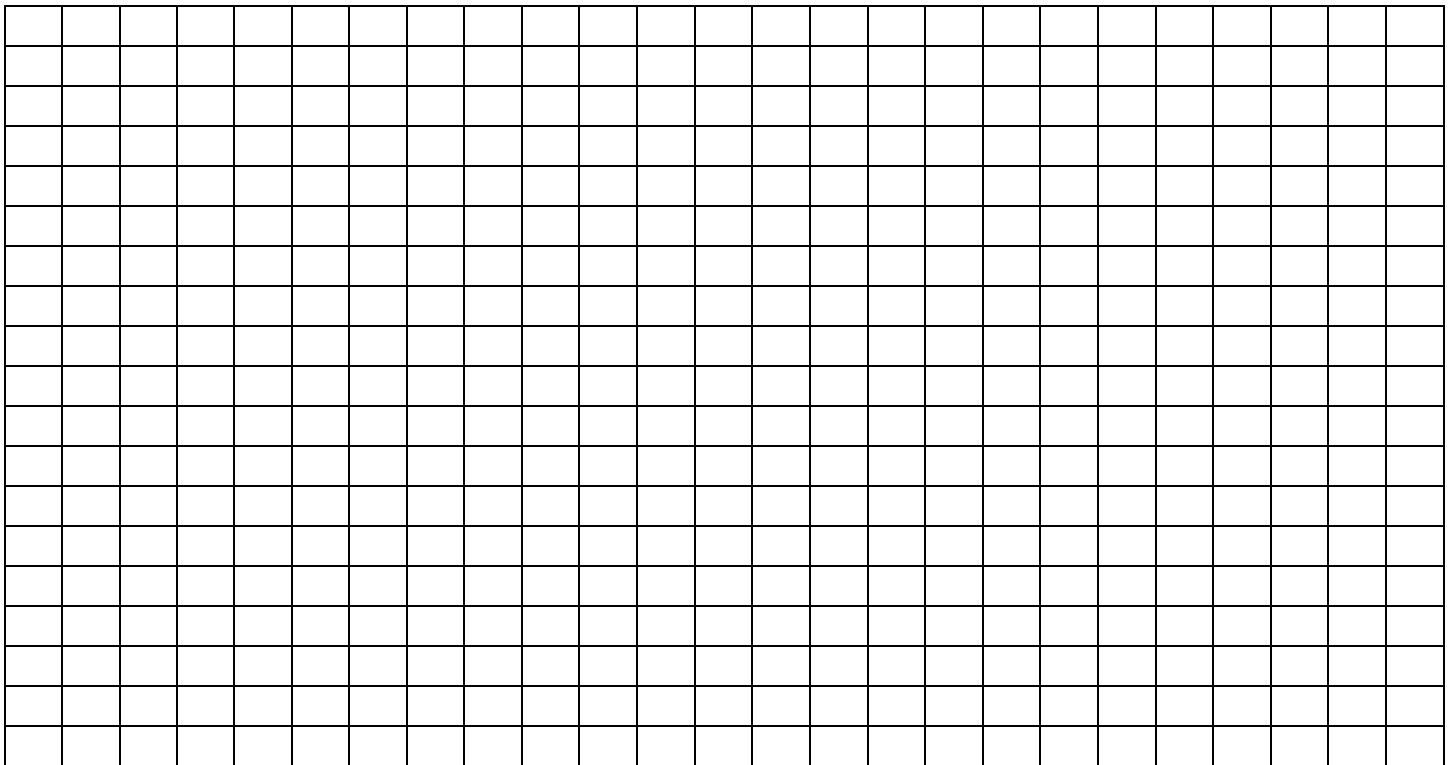
Date of last septic tank pumping/cleaning: \_\_\_\_\_ Name of septic hauler company: \_\_\_\_\_

Date of last system servicing (if applicable): \_\_\_\_\_ Name of service company: \_\_\_\_\_

What is the water supply for the property? [ ] Private Water System (e.g. well) [ ] Public Water Supply

Section 4: Proposed layout/sketch

Please provide a sketch plan of the proposed changes / additions on the graph below, or on a separate sheet of paper. Show locations for: the house, driveway, existing STS, well (if applicable), proposed additions, utilities, etc.



LCPH Use Only

Staff Comments:

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[ ] Approved [ ] Disapproved

Environmental Health Specialist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_