

Application: Property Improvement for Homes with Household Sewage Treatment Systems

Updated 4/17/2023

Lorain County Public Health (LCPH) provides this service to review proposed changes or additions to properties with a home sewage treatment system (HSTS). The purpose of the review process is to:

- Make sure that changes will not impact the proper functioning of the HSTS
- Make sure that the HSTS is sized to handle any additional building capacity
- Make sure that the HSTS is functioning properly before property improvements

Please check which person should receive correspondence regarding this application. By signing this application you agree to allow a representative of LCPH to access your property Property owner name: Property address: City: Township: Email: Signature of property owner: Designated agent's name (if different from above):	Section 1: Property Owner	r Information	
By signing this application you agree to allow a representative of LCPH to access your property Property owner name: Property address: City: Township: Email: Signature of property owner: Designated agent's name (if different from above):	Permanent Parcel #:		
Property address: Township: Zip code: Phone: Email: Signature of property owner: Designated agent's name (if different from above):	-	•	• • • • • • • • • • • • • • • • • • • •
City: Township: Zip code: Phone: Email: Signature of property owner: Designated agent's name (if different from above):	Property owner name		
Phone: Email: Signature of property owner: Designated agent's name (if different from above):	Property address:		
Signature of property owner:	City:	Township:	Zip code:
Designated agent's name (if different from above):	Phone:	Email:	
	Signature of property ow	er:	
	Designated agent's na	me (if different from above):	
Designated agent's address:	Designated agent's addre	ss:	
City: State: Zip code:	City:	State:	Zip code:
Phone: Email:	Phone:	Email:	
Property owner or designated representative signature:	Property owner or design	ated representative signature:	
Section 2: Proposed Property Changes / Additions	Section 2: Proposed Prop	erty Changes / Additions	
What type of change/addition is being proposed? Patio/Deck Garage Shed /Outbuilding Inground pool Above ground pool Geothermal Pond Home addition (describe): New bedroom (s)	Patio/Deck Above ground pool Home addition (descr	Garage Shed /O Geothermal Pond	
Current # of bedrooms in home: Proposed # of additional bedrooms:	Current # of bedrooms in		

Size (dimensions) of proposed structure: ______

Section 3: Sewage Treatment System and Water Supply Information Tank type: Aeration Septic Unknown Size of tank (if known):		
Secondary treatment: Filter bed Leaching tile field Mound Other:		
Does the HSTS 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: house, driveway, existing HSTS, well (if applicable), proposed additions, utilities, etc. Mail or email application to Lorain County Public Health, 9880 Murray Ridge Rd. Elyria, OH 44035.		
Office Use Only Environmental Health Specialist's signature: Date received:		