



Lorain County Public Health

For the Health of Us All

# Site Review Application

Lorain County Public Health  
9880 South Murray Ridge Road, Elyria, OH 44035  
(440) 322-6367 - 244-2209 - Fax 322-6010

|   |                                    |                        |
|---|------------------------------------|------------------------|
| Site Review Fees (non-refundable)                 | (Permit Fees are not included)     | (for office use only)  |
| Household Sewage Treatment System                 | Small Flow Sewage Treatment System | Gray Water Recycling   |
| \$200.00  | \$200.00                           | Type 1 \$150.00        |
| Includes new, alteration, and replacement systems |                                    | Types 2, 3, 4 \$200.00 |

This application must include (1) Soil Evaluation per OAC 3701-29-07 (unless waived by the Board of Health) and (2) System Design per OAC 3701-29-10

|                                      |                 |             |
|--------------------------------------|-----------------|-------------|
| Owner's Name:                        | Phone:<br>Cell: | Email:      |
| Mailing Address:                     | City:           | State: Zip: |
| Applicant: (if different than above) | Phone:<br>Cell: | Email:      |
| Mailing Address:                     | City:           | State Zip:  |

### Site information (to be completed by applicant)

|  |                                 |                     |                                     |
|--|---------------------------------|---------------------|-------------------------------------|
| Street Name  | New House #<br>Existing House # | City:               | Township:                           |
| Location Description:<br>Eg: North Side, 1000 Feet West of Main Street | Lot #                           | Perm. Parcel Number | Split from?<br>Yes No # of Bedrooms |

If the site review is approved, it will be valid for five (5) years after the approval date provided that there are no changes to the site conditions, and/or STS design, and/or the sewage source. **Applying for a site review is not a guarantee that the proposed installation, replacement, or alteration can be approved.** Our site evaluation is limited to our resources, documents submitted, and to those items that can be observed under the prevailing weather and surface conditions on that date of the inspection and not by factors that cannot be observed upon inspection. **The site review fee is non-refundable. By signing this application, you are acknowledging this information.**

|                                     |                       |      |
|-------------------------------------|-----------------------|------|
| Signature of Owner/Designated Agent | Relationship to Owner | Date |
|-------------------------------------|-----------------------|------|

System Design (to be taken from the approved design submitted by designer)  Installation:  Replacement  Alteration

|   |  |  |  |                                  |   |
|---|--|--|--|----------------------------------|---|
| Sewage Treatment System:  | 1. Soil Absorption                             | 2. NPDES System                          | 3. Non-NPDES System  | 4. Tank Replacement              | 5. Gray Water Recycling System (Type) 1 2 3 4 |
| Soil Infiltration Loading Rate (gpd/ft <sup>2</sup> ) _____                 | Daily Design Flow (# bedrooms x 120gpd)= _____ |  | Hydraulic Linear Loading Rate (gpd/ft <sup>2</sup> ) _____ |                                  |   |
| Depth to Infiltrative Surface _____   | Local Rule System: <input type="checkbox"/>    | Tank Type: Septic _____                  | Aeration Treatment Unit _____                              | Tank Size _____                  |   |
| Soil Depth Credit Allowed: ___ One Foot ___ Two Foot ___ Six Inches ___ N/A | VSD ___ 18" ___ N/A                            |  |  |                                  |   |
| Notes: _____  |  |  |  |                                  |   |
| 1. ___ Septic Tank to shallow leach   | 2. ___ Pretreatment to shallow leach           | 3. ___ Septic tank to 18"-30" leach      | 4. ___ Pretreatment to 18"-30" leach                       | 5. ___ Septic tank to sand mound |   |
| 6. ___ Pretreatment to sand mound   | 7. ___ Septic tank to drip distribution        | 8. ___ Pretreatment to drip distribution | 9. ___ NPDES system  | 10. ___ Other _____              |   |
| 11. ___ Septic tank to LPP  | 12. ___ Pretreatment to LPP                    | 13. ___ Spray Irrigation                 | 14. ___ Privy or Holding tank                              | 15. ___ Sand Lined Systems       |   |

|                        |                        |                                   |  |   |
|------------------------|------------------------|-----------------------------------|--|---|
| Signature of RS or SIT | Site Visit Date: _____ | Date Application Reviewed _____   | <input type="checkbox"/> Approved, Letter Date _____ | <input type="checkbox"/> Disapproved (see letter) |
|                        | Date Resubmitted _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved (see Letter)    |   |

Lorain County Public Health assumes no responsibility for sewage systems that fail after installation.

Date Received \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Check#/Cash/Charge \_\_\_\_\_ (Revised 2/19/19)