



Site Review Requirements for Sewage Treatment System Approval

Warren County Health District
416 South East Street
Lebanon, OH 45036
(513) 695-1220

This application is to be used for proposed Household Sewage Treatment Systems and Small Flow On-Site Sewage Treatment Systems. Both will be referred to as sewage treatment systems (STS). Any new, altered, or replacement STS must be designed and submitted to the Warren County Health District to ensure that the proposed system is compliant with Ohio Administrative Code 3701-29. The *Site Review Application for a Sewage Treatment System* will be used to assess the compliance of proposed designs with the existing rules. At a minimum, the *Site Review Application for a Sewage Treatment System* must include the following:

1. A completed *Site Review Application for a Sewage Treatment System* form and any associated fees.
2. A soil evaluation in accordance with OAC 3701-29-07 completed by a soil scientist who meets the qualifications set forth in Ohio Administrative Code Chapter 3701-29. A list of soil scientists can be obtained at warrenchd.com. This list in no way reflects a recommendation of these individuals over any other qualified soil evaluator nor does it provide a complete list of individuals capable of performing soil evaluations.
 - a. A site drawing. The site drawing shall be scaled or include sufficient dimensions to identify locations of all soil borings and/or excavations, locations of the representative area for described soil borings and/or excavations and applicable site features as determined by the board of health. The evaluator may use previously prepared or otherwise available drawings such as a survey prepared by a registered professional surveyor, an aerial photograph or digital orthophotograph prepared from a geographical information system, or other similar drawing. The drawing shall include the assessment and documentation of the following
 - i. Any existing dwellings and/or structures and any proposed dwellings and/or structures, if known;
 - ii. Any site disturbances such as excavated or fill areas, existing driveways and other hardscapes and proposed hardscapes, or related site disturbances, if known;
 - iii. Location of all private water systems, abandoned wells, or geothermal systems if known, and surface water features on the lot and within fifty feet of the areas identified for possible system installation;
 - iv. North orientation arrow;
 - v. Identification of all soil borings and/or excavations;
 - vi. Identification and dimensions of spatial areas for which each soil profile description is representative and where the soil has capacity for the treatment and/or dispersal of effluent. The soil evaluation shall include the entire lot or sufficient area to support a primary system and replacement area on the site;
 - vii. Identification of areas with conditions that would prohibit or impact the siting of a STS or GWRS in accordance with this chapter including, but not limited to: sinkholes, wetland vegetation, bedrock outcrops, areas with a slope greater than twenty five per cent, soils prone to slippage on slopes greater than six per cent, and existing or abandoned drainage tiles, if known; and
 - viii. Identification of known or observed easements and right-of-ways.
 - b. Record of the site and soil characteristics for each soil boring and/or excavation location designated in this paragraph using the nomenclature from the NRCS field book for describing and sampling soils on a form prescribed by the director of health, including but not limited to:
 - i. Site descriptions, including but not limited to, landscape position, slope, vegetation, drainage features, rock outcrops, erosion and other natural features;
 - ii. Detailed soil profile descriptions, including but not limited to, color, texture, grade, shape, structure, consistence, and the depth of each soil horizon or layer including fill or mine spoils where present;
 - iii. The identification of limiting conditions as defined in paragraph (III) of rule [3701-29-01](#) of the Administrative Code;
 - iv. If evident or visible, provide documentation of any relevant surface hydrology, geologic and hydrogeologic risk factors such as bedrock outcrops, sinkholes or karst features on the specific site or in the surrounding area that may indicate vulnerability for surface water and ground water contamination; and
 - v. Provide documentation of any geologic risk factors affecting the soil's ability to treat and/or disperse effluent including dense tills and fragipan.
3. A STS design prepared by a qualified system designer in accordance with OAC 3701-29-10. A list of sewage treatment system designers can be found at warrenchd.com. This list in no way reflects a recommendation of these individuals over any other system designer nor does it reflect all individuals who provide sewage treatment system designs.
 - a. A description of the dwelling and/or structure(s) to be served by the STS;

- b. Details on daily design flow, soil loading rates based on soil evaluation, length along contour, absorption area dimensions, and if needed, pump selection/sizing, and pressure distribution network information;
- c. Rationale if varying from standards for items such as design flow, waste strength, or length along contour;
- d. Identification and a description of all materials and system devices and components including septic tanks, dosing tanks, distribution piping, diversion mechanisms, and distribution materials;
- e. Identification of applicable sizing requirements for all STS devices and components;
- f. If applicable, identification of the approved system manufacturer and model to be used, manufacturer O&M instructions, and means of access for O&M equipment to service the STS;
- g. Construction and installation notes for the system installer including manufacturer installation instructions, if applicable;
- h. Copies of or electronic access to O&M requirements, manuals, and instructions for the owner and service provider;
- i. A legible scaled site drawing on eight and a half inch by eleven inch or larger paper showing the layout of the STS on the site. The drawing shall illustrate:
 - i. The proposed location of STS devices and components including the location of the soil absorption component as staked or flagged on site;
 - ii. The designated area for complete relocation and replacement of the STS as staked on site as required by paragraph (G) of rule [3701-29-06](#) of the Administrative Code;
 - iii. The approximate location of all items designated in paragraph (G) of rule [3701-29-06](#) of the Administrative Code and demonstrate that required isolation distances are met to both the proposed STS and the replacement area;
 - iv. The location of all surface features that may affect the operation or installation of the STS including, but not limited to, disturbed areas, drainage features, wooded areas, and hardscapes;
 - v. The approximate location of soil borings and/or soil test pits; and
 - vi. North directional arrow.
- j. If necessary or applicable at least one enlarged, detailed plan view drawing of the system. The drawing(s) shall illustrate:
 - i. The proposed location and configuration of the system with proposed absorption area dimensions and elevations;
 - ii. Ground surface elevations and component elevations as necessary to ensure compliance with this chapter; and
 - iii. Any additional information requested
- k. If applicable, pump selection information including the pump curve and system performance curve;
- l. If applicable, pressure distribution network description and calculations; and
- m. Any additional information required by the WCHD

After submitting the application, soil evaluation, and STS design, you must place a sign on the front of the lot with your name and/or lot number on it. The lot corners need to be staked and flagged and the 4-corner footprint of the proposed house must be staked and flagged. All proposed sewage treatment system components including the soil absorption area of the sewage treatment system must also be staked. The vegetation on the lot must not exceed 18 inches in height.

Our office recommends that the applicant keeps a copy of their *Site Review Application for a Sewage Treatment System*, soil evaluation, and STS design for their records. The fee for the site review is \$160.00 and the fee must accompany the application for review. The site will be reviewed within 10 working days of receipt of the completed application to this office. If there are problems with the application, soil evaluation, or STS design, the applicant will be contacted for clarification and follow up.

After the site review has been approved or disapproved you will receive a copy of a lot approval/disapproval letter. If the plan has been disapproved specific instructions will be provided for the next steps to have the plan approved. The identified areas on the site plan for both the primary and secondary sewage treatment systems must be left undisturbed in any way or the approval will become invalid. If you have any questions related to this process please contact our office at 513-695-1220.



Site Review Application for a Sewage Treatment System

Warren County Health District
416 South East Street
Lebanon, OH 45036
(513) 695-1220

Fee: _____
Date Paid: _____
Receipt #: _____
Initials: _____

General/Contact Information

| | | | |
|---|-----------------|---------------|------------------------------------|
| Site Address (Must include Street Name and House/Lot Number) | | | Parcel ID |
| Site Township/City | | | Site Zip |
| Applicant Name | | | Phone |
| Applicant Address | | | |
| Applicant City | Applicant State | Applicant Zip | Applicant Email Address (REQUIRED) |
| Owner Name (if different than applicant) | | | Phone |
| Owner Address | | | |
| Owner City | Owner State | Owner Zip | Owner Email Address (REQUIRED) |
| Name of Soil Scientist | | | Phone |
| Name of System Designer | | | Phone |
| How would you like the approval delivered? (Pick 1) <input type="checkbox"/> Email only <input type="checkbox"/> Email and mailed hard copy | | | |

Lot and Home/Business Information

| | | | |
|--|---|---|---|
| Primary Property Use Type (Pick 1) <input type="checkbox"/> Dwelling <input type="checkbox"/> Business | If the property is to be used as a business, please describe the nature of the business and the number of employees | | |
| Requesting Variance? <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of System Installation (Pick 1) <input type="checkbox"/> New <input type="checkbox"/> Alteration | <input type="checkbox"/> Replacement | |
| Lot Dimensions _____ feet X _____ feet = _____ acres | Dwelling Dimensions _____ feet X _____ feet | | |
| # of Bedrooms OR Daily Design Flow* | Proposed Foundation (Pick 1) <input type="checkbox"/> Walkout Basement <input type="checkbox"/> Basement | <input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace | |
| * Any room within a dwelling that might reasonably be used as a sleeping room including but not limited to rooms designated as dens, office, study, sewing room, library, etc. | Setback from Roadway (in feet) | Type of Water Supply (Pick 1) <input type="checkbox"/> Well <input type="checkbox"/> Public (County/City) | <input type="checkbox"/> Cistern <input type="checkbox"/> Other: |
| Please note any planned outbuildings, pools, or other structures that are planned to be on the lot in addition to the dwelling/business (Must be on site plan as well) | | | |
| What date will your lot be staked and ready for review? | Mark the following that have been staked (All must be completed before a site visit) <input type="checkbox"/> Lot Corners Staked <input type="checkbox"/> Sign with Name/Lot Number | <input type="checkbox"/> House Corners Staked <input type="checkbox"/> Soil Absorption Area Staked | |

By signing below I acknowledge that I have read and agree to all terms and conditions in the instructions and that to the best of my knowledge all the information provided with this application is factual. Furthermore I certify that siting a STS on the proposed lot(s) will not violate the prohibitions in OAC 3701-29 or the Warren County Health District Supplemental Sewage Treatment System Rules.

| | |
|--|------|
| Owner or Owner's Representative Signature: | Date |
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