



Property Addition Evaluation Application Requirements

Warren County Health District

416 South East Street

Lebanon, OH 45036

(513) 695-1220

The *Property Addition Evaluation Application* is to be used for proposed structural additions to an existing structure serviced by a Household Sewage Treatment Systems and Small Flow On-Site Sewage Treatment Systems. Both will be referred to as sewage treatment systems (STS).

An evaluation of any proposed additions to an existing structure is necessary to ensure that the existing STS is capable of sustaining a change to the daily flow of sewage if flow is increased with the addition to the structure. This evaluation may result in an alteration to the STS being required if the addition to the structure is still requested.

The *Property Addition Evaluation Application* must be filled out completely. A site plan on at least 8 1/2" x 11" paper must be attached that displays all of the following:

1. All property lines with the length of the property lines
2. All existing structures on the property, including dwellings, driveways, barns, garages, pools, and ponds
3. The distance of the primary structure from all property lines
4. The location of the existing sewage system including any septic tanks, pump stations, aerators, leaching lines, or other components of the system
5. The proposed area to be added onto the existing structure
6. Any areas where future structures are planned to be added to the property
7. The address of the property
8. The name of the owner of the property

An example of a site plan drawing is available to the right.

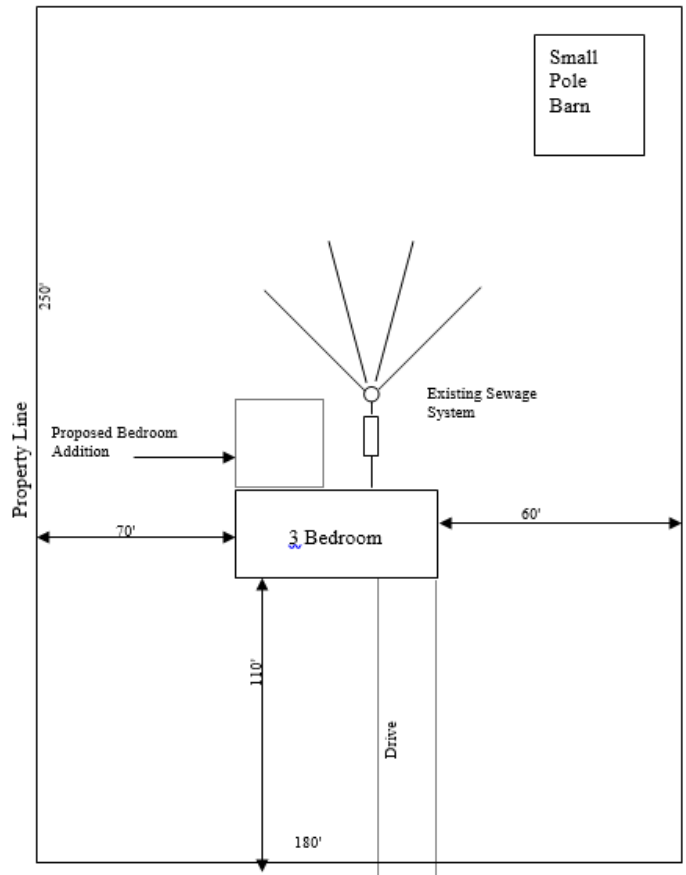
The corners of the proposed addition need to be staked and flagged. Any known locations of existing STS components must be staked and flagged. The vegetation on the lot must not exceed 18 inches in height.

Our office recommends that the applicant keeps a copy of the application for their personal records. The fee for the *Property Addition Evaluation Application* is \$100.00 and the fee must accompany the application for review.

The site will be reviewed within ten (10) business days of receipt of the completed application to this office. If there are problems with the application, 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.

If you have any questions related to this process please contact our office at 513-695-1220.





Property Addition Evaluation Application

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)			
Site Township/City			Site Zip
Applicant Name			Phone
Applicant Address			
Applicant City	Applicant State	Applicant Zip	Applicant Email Address
Owner Name (if different than applicant)			Phone
Owner Address			
Owner City	Owner State	Owner Zip	Owner Email Address

Lot and Home/Business Information

Please explicitly state the nature of the proposed property addition (Additional Bedroom, Kitchen Expansion, Swimming Pool, etc.)		
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	Lot Acreage
# of Bedrooms OR Daily Design Flow*	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:
What date will your property be staked and ready for review?	Mark the following that have been staked (All must be completed before a site visit) <input type="checkbox"/> Addition Area 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 the property addition to the existing STS 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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FOR OFFICE USE ONLY

Is property on OM program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date added to OM program	
Existing STS Location Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing STS functioning Properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Room to replace existing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Status	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Additional Comments			
REHS or EHSIT			Date of Approval