

## Instructions for completing Application for Site Evaluation

- Please carefully read the information below and keep for your reference.
- Complete the information on the following pages and include your signature.
- Submit completed application and site drawing along with the fee to the Paulding County Health Department. **A site evaluation will not be scheduled until this information is received.**

**1. Submit to the Paulding County Health Department the application including the site drawing prior to site evaluation. The site drawing must include any current and future site information including ponds, pools, buildings, etc.**

Submit the application and a detailed drawing of the property. The drawing must include the acreage of the proposed lot existing physical structures, underground utilities, topographic features, ponds, existing or new location of sewage treatment system (STS), proposed replacement location for the STS, well or water source, water bodies, easements, utilities, proposed property lines, driveway, drainage lines, site conditions including vegetation, and drainage features and any other information necessary. Isolation distances for all STS's shall be no less than:

**10 (ten) feet** from utility service line, roadway, road surface, driveway, or other hardscapes, property line or right-of-way boundary, properly sealed well, any building or other structure, areas with recorded easements, intermittent streams, swales, geothermal horizontal closed loop systems, irrigation lines and gray water recycling systems.

**50 (fifty) feet** from any surface water impoundment, lake, river, wetland, perennial stream and road cut-banks, water supply source (well, pond, etc.), and vertical open and closed loop geothermal heating and/or cooling system.

**2. Schedule a soil evaluation with a Soil Scientist. This is needed only if you are installing a new or replacement system or altering the soil absorption area of the existing system. Notify PCHD of the scheduled date of the soil evaluation, at least ten days in advance of the soil evaluation appointment. Soil evaluations must be in accordance with Ohio Administrative Code (OAC) 3701-29.**

The Paulding County Health Department does not perform soil evaluations.

A qualified soil evaluator must conduct an evaluation of the soils in order to determine the type and size of system that will be adequate to treat the household sewage on the property.

- The following soil scientists have indicated that they are willing to work in Paulding County:

Steven A. Miller

Soil evaluation & design

Phone: 614-579-1164

[soilconsultant@yahoo.com](mailto:soilconsultant@yahoo.com)

Matt Deaton

Soil evaluation & design

Phone: 937-533-9990

[deatonsoilservices@gmail.com](mailto:deatonsoilservices@gmail.com)

Frank Gibbs

Soil evaluation

Phone: 419-963-2542

[fegibbs21@gmail.com](mailto:fegibbs21@gmail.com)

-Additional soil scientists are listed at the following websites but have not indicated that they would be willing to work in Paulding County:

Soil Science Society of America <https://www.soils.org/cerifications/professional-search>

Association of Ohio Pedologists <http://www.ohiopedologist.com/consultant-list.html>

**3. Identify property lines (for new development) prior to the soil and site evaluation.**

If the property lines are not easily identifiable such as an existing grass lot, they must be staked out and easily visible during the soil and site evaluation.

**4. Work with a designer to design your Sewage Treatment System (STS) for your property after a soil and site evaluation has been completed. The design must be completed in accordance with OAC 3701-29-10.**

Paulding County Health Department does not prepare system designs. However, the design must be submitted for review and approval to the Paulding County Health Department. A design is a detailed plan showing how treatment of septic effluent will be achieved in the soil conditions present on your property. This service may be provided by soil evaluators, installers or septic system product manufacturers.



## PAULDING COUNTY HEALTH DEPARTMENT & WIC

800 EAST PERRY ST., PAULDING, OH 45879 • PH: (419) 399-3921 • TOLL FREE: 1 (866) 399-3921 • WIC DEPT: (419) 399-2621 • FAX: (419) 399-3494

### STS Site Evaluation and Permit Process and Timeframes

Who Performs	Steps of Site Evaluation	Timeframe (if applicable)
Applicant	Complete application including drawing and return to PCHD with fee at least 1 week prior to soil evaluation appointment	
PCHD	Receipt of Site Evaluation Application by PCHD	
Applicant	Contact Soil Scientist and schedule an appointment	
Applicant	Contact PCHD to notify EH staff of scheduled appointment with soil scientist ( <i>Please allow at least 10 days advance notice</i> )	
Soil Scientist	Perform soil evaluation	
Soil Scientist	Provide soil evaluation to PCHD	
PCHD	Allow PCHD to review soil evaluation ( <i>During this time, there may be a delay if there are issues or concerns involving the soil evaluation</i> )	2 weeks
Applicant	Select designer for Sewage Treatment System (STS)	
Designer	Provide design to PCHD	
Applicant	Allow PCHD to review design of STS ( <i>during this time, there may be communication with designer if there are any issues or concerns involving the design, which may delay this step</i> )	2 weeks
PCHD	Approval of Site evaluation	Upon approval of soil evaluation and STS design
PCHD	Approval letter provided to applicant along with approved design	1 day

Who Performs	Steps of Permit	Timeframe (if applicable)
Applicant	Complete application including all forms and return to PCHD with fee	
PCHD	Receipt of Permit Application by PCHD	
STS Contractor	Contractor Layout form submitted to PCHD by applicant or contractor	
PCHD	Review of application and all material ( <i>if any information is missing or incorrect, it may delay this step in the process. A permit cannot be issued until all information is correct and received</i> )	1 week
PCHD	Issuance of Permit	1 day
PCHD	Permit supplied to applicant	1 day
PCHD	Permit and design supplied to contractor	Same day as applicant
STS Contractor	Installation of STS	
STS Contractor	Contractor schedules final inspection ( <i>Please allow min. 2 days notice</i> )	
PCHD	Final inspection performed	
STS Contractor	Contractor notifies PCHD when STS is covered	
PCHD	Cover inspection performed	2 days
PCHD	System approved	
PCHD	Operation Permit Issued	1 day
PCHD	Approval letter, Operation Permit, Terms and Conditions and Educational Material sent to applicant	1 day
PCHD	12 month inspection of STS	Within 12 months of final inspection



800 East Perry St.  
 Phone: 419-399-3921  
 Fax: 419-399-3494  
 Email: [pchd@pcohhd.com](mailto:pchd@pcohhd.com)

**Application for Site Evaluation**  
 for Sewage Treatment System (STS)  
 Gray Water Recycling System (GWRS)

Site evaluation is required by OAC 3701-29-09 and must be approved prior to an issuance of an installation permit.

**Gray areas must be completed**

Location/description of the property to be evaluated. Enter the street address, if known, otherwise describe the location with at least the road and near what other roads or landmarks.

Location of the Property (if the property does not have an address)				Township	
Street Address	City	State	Zip	Acres	
Wooded Site? <input type="checkbox"/> YES <input type="checkbox"/> NO              Flood Plain? <input type="checkbox"/> YES <input type="checkbox"/> NO              Wetlands? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Existing Features: <input type="checkbox"/> Pond <input type="checkbox"/> Well <input type="checkbox"/> Buildings			Proposed date of Building _____		
Reason for Site Evaluation: <input type="checkbox"/> New System* <input type="checkbox"/> Replacement System* <input type="checkbox"/> Tank Replacement** (has secondary treatment) <input type="checkbox"/> Connecting to Existing System** <input type="checkbox"/> Alteration of Soil Absorption Area* <input type="checkbox"/> Other: _____					

Who is applying for this evaluation? Please provide complete mailing address and contact information.

Name/ Company				Phone	
Street Address	City	State	Zip	Email	

Indicate the proposed work. Indicate the number of bedrooms (must be the same as the auditor's website)

<b>HOUSEHOLD SEWAGE TREATMENT SYSTEM</b> <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration            # Bedrooms _____
<b>GRAY WATER RECYCLING SYSTEM</b> (separate system not required) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> N/A

Indicate what will be used as the water supply source (a permit is required when connecting to a new or existing system)

<input type="checkbox"/> Drilled Well <input type="checkbox"/> Pond <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Municipal Supply
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Indicate other systems proposed (any additional systems must be included on the drawing)

<input type="checkbox"/> Geothermal <input type="checkbox"/> Other _____
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Read below, sign and date this application.

By submitting this application, I authorize representatives of the Paulding County Health Department to enter the property referenced above for the purpose of conducting a site evaluation. I further agree that a permit to install (ODH form HEA 5444) must be obtained (separate application and fee) before any work is started.	
Owner / Applicant Signature	Date

----- Office Use Only- Do Not Write Below This Line -----

Total Fee: \$150* or \$100**	Date Paid _____	Receipt # _____
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Paulding, OH 45879  
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# SITE PLAN

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

Location \_\_\_\_\_

- Show North Arrow
- Scale of drawing: One square = \_\_\_\_\_ feet
- Include all information listed in the instructions (#1)

How are the property boundaries identified on the site? \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge.

I am the  Owner or  Authorized Agent

My telephone number is \_\_\_\_\_ Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_