



**HENRY COUNTY HEALTH DEPARTMENT**

1843 Oakwood Avenue  
Napoleon, Ohio 43545  
Phone: (419) 599-5545  
Fax: (419) 592-6400  
E-mail: healthdt@henrycohd.org

## HSTS / SFOSTS / GWRs: Application for Site Review

\*\*Provide complete information below\*\*

1. Please verify that a soil evaluation and a sewage treatment system design has already been completed for the project. These documents must be submitted with this application. More information about this is on the reverse side.
2. Site Evaluation is required by OAC 3701-29-09 and must be approved prior to issuance of an installation permit.

**A. 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.**

If no address, Give an accurate description of the location:			Township:
Number + Street Address	Mailing City	Zip code	Acreage
Wooded site? <input type="checkbox"/> Y <input type="checkbox"/> N    Flood plain? <input type="checkbox"/> Y <input type="checkbox"/> N    Existing Features: <input type="checkbox"/> Well <input type="checkbox"/> Pond <input type="checkbox"/> Buildings			

**B. Indicate who is to receive the results of this evaluation? Provide a complete mailing address**

<input type="checkbox"/> Property Owner <input type="checkbox"/> System Installer <input type="checkbox"/> Other:			
Name / Company Name			Phone
Number + Street Address	Mailing City	Zip code	Email

**C.  Indicate the proposed work (mark only one  box in this section). If Household, indicate # of bedrooms.**

<input type="checkbox"/> New, <input type="checkbox"/> Replacement, or <input type="checkbox"/> Alteration of a Household Sewage Treatment System, # of bedrooms _____ <input type="checkbox"/> Other <u>DESCRIBE HERE</u> →
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**D. Indicate what will be used as the water supply source.**

<input type="checkbox"/> Drilled well <input type="checkbox"/> Sand point well <input type="checkbox"/> Pond <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Municipal supply
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**E. Indicate other systems proposed.**

<input type="checkbox"/> Geothermal system
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**F. Read below, sign and date this application.**

<b>By submitting this application, I authorize representatives of the Henry 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.</b>	
Owner/Applicant signature	Date

-----OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE-----

Total Fee: <b>\$150</b>	Date Paid:	Rec. #	Site Eval #
<input type="checkbox"/> Soil Evaluation Date submitted _____		<input type="checkbox"/> Design Date submitted _____	



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**INSTRUCTIONS:**

- Read the information below
- Fill out information on the reverse and include your signature & date.
- Submit required documents and completed form with \$150 fee.

**AS A REQUIREMENT OF OHIO ADMINISTRATIVE CODE SECTION 3701-29-09,  
THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:**

1. **A soil evaluation completed in accordance with rule 3701-29-07 of the Administrative Code.**

A qualified soil evaluator must conduct an examination of the soils on your property and will provide detailed information on a report. This report is a necessary part of determining the size and design of a system that will properly treat sewage. The Henry County Health Department does not conduct soil evaluations. A list of qualified professionals that have indicated they are available to do soil evaluations is found in our **Sewage Treatment Systems Professionals List**.

2. **A Sewage Treatment System design completed in accordance with 3701-29-10 of the Administrative Code.**

A system design plan must be provided for review by the Health Department. This is a detailed plan showing the intended layout and components of the system and how adequate sewage treatment will be achieved in the soil conditions present on the property. The Henry County Health Department does not prepare system designs. A list of qualified professionals that have indicated they are available to do sewage treatment system design is found in our **Sewage Treatment Systems Professionals List**. Design services may be provided by soil evaluators, installers, and septic system product manufacturers

3. **Many times the reports from soil evaluators and system designers are provided as PDF documents and delivered by email.**

PDF copies of these reports are preferred (instead of printed copies) because they are easier to examine and process. If you receive the reports in this manner, please forward the email with reports attached to either: [dbart@henrycohd.org](mailto:dbart@henrycohd.org) or [jlindsay@henrycohd.org](mailto:jlindsay@henrycohd.org)

**Notes:**