



**HENRY  
COUNTY  
HEALTH  
DEPARTMENT**

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

## Household Sewage Treatment System Site Evaluation Application



**As a requirement of OAC section 3701-29-09, the following must be submitted:**

- 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. A list of qualified professionals that have indicated they are available to do soil evaluations is found in our Sewage Treatment Systems Professionals List on our website.
- 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. 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.
- **Submit the Soil Evaluation and Sewage Treatment System design by email to [env@henrycohd.org](mailto:env@henrycohd.org)**

**The health department will begin working on your application once the required soil evaluation and design are received.**

<b>Location of the property:</b> If no address, Give an accurate description of the location:		Township:
Street address of the property being evaluated, if known:	City:	Zip code:
<b>Property Owner Name</b>	Email:	
Owner Mailing Address, City, State, Zip Code		Phone:

**If someone other than the property owner is to receive the results of this evaluation, please provide their name and email.**

Name:	Email:
-------	--------

**Read below, sign and date this application.**

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 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**-----

Site Evaluation Fee: <b>\$350</b>	Date Paid:	Rec. #	Site Eval #
-----------------------------------	------------	--------	-------------