



Lorain County Public Health

For the Health of Us All

Site Review Application

Lorain County Public Health
9880 Murray Ridge Road, Elyria, OH 44035(440)
322-6367 - 244-2209 - Fax 322-6010

Site Review Fees (non-refundable)	(Permit Fees are not included)	(for office use only)
Household Sewage Treatment System	Small Flow Sewage Treatment System	Gray Water Recycling
\$400.00	\$400.00	Type 1 \$350.00
Includes new, alteration, and replacement systems		Types 2, 3, 4 \$400.00

This application must include (1) Soil Evaluation per OAC 3701-29-07 (unless waived by the Board of Health) and (2) System Design per OAC 3701-29-10

Owner's Name:	Phone: Cell:	Email:
Mailing Address:	City:	State: Zip:
Applicant: (if different than above)	Phone: Cell:	Email:
Mailing Address:	City:	State Zip:

Site information (to be completed by applicant)

Street Name	New House # Existing House #	City:	Township:
Location Description: Eg: North Side, 1000 Feet West of Main Street	Lot #	Perm. Parcel Number	Split from? Yes No
			# of Bedrooms

If the site review is approved, it will be valid for five (5) years after the approval date provided that there are no changes to the site conditions, and/or STS design, and/or the sewage source. **Applying for a site review is not a guarantee that the proposed installation, replacement, or alteration can be approved.** Our site evaluation is limited to our resources, documents submitted, and to those items that can be observed under the prevailing weather and surface conditions on that date of the inspection and not by factors that cannot be observed upon inspection. **The site review fee is non-refundable. By signing this application, you are acknowledging this information.**

Please make checks payable to: **Lorain County Public Health**

Signature of Owner/Designated Agent

Relationship to Owner

Date

System Design (to be taken from the approved design submitted by designer)

Installation: Replacement Alteration

Sewage Treatment System:	1. Soil Absorption	2. NPDES System	3. Non-NPDES System	4. Tank Replacement	5. Gray Water Recycling System (Type) 1 2 3 4
Soil Infiltration Loading Rate (gpd/ft2) _____	Daily Design Flow (# bedrooms x 120gpd)= _____		Hydraulic Linear Loading Rate (gpd/ft2) _____		
Depth to Infiltrative Surface _____	Local Rule System: <input type="checkbox"/>	Tank Type: Septic _____	Aeration Treatment Unit _____	Tank Size _____	
Soil Depth Credit Allowed: ___ One Foot ___ Two Foot ___ Six Inches ___ N/A	VSD ___ 18" ___ N/A				
Notes: _____					
1. ___ Septic Tank to shallow leach	2. ___ Pretreatment to shallow leach	3. ___ Septic tank to 18"-30" leach	4. ___ Pretreatment to 18"-30" leach	5. ___ Septic tank to sand mound	
6. ___ Pretreatment to sand mound	7. ___ Septic tank to drip distribution	8. ___ Pretreatment to drip distribution	9. ___ NPDES system	10. ___ Other _____	
11. ___ Septic tank to LPP	12. ___ Pretreatment to LPP	13. ___ Spray Irrigation	14. ___ Privy or Holding tank	15. ___ Sand Lined Systems	

Signature of RS or SIT	Site Visit Date: _____	Date Application Reviewed _____	<input type="checkbox"/> Approved, Letter Date _____	<input type="checkbox"/> Disapproved (see letter)
	Date Resubmitted _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (see Letter)	

Lorain County Public Health assumes no responsibility for sewage systems that fail after installation.

Date Received _____

Receipt # _____

Check#/Cash/Charge _____