Single Lot Site Evaluation Application

Applicant's Signature



Fee Paid				hamiltonco	untyhealth.org	
Receipt #			Date			
APD#	LR		Accepted by			
Subdivision (If applicable) Address						
Tax parcel I	D #					
Township/Vi	illage/City					
No. of propo	osed bedroor not anticipated)	ns:				
Applicant	. ,					
, topiloant		Name				
		Street address				
		City		State		Zip
		Primary Phone Number			Secondary Phone I	Number
		Email Address				
Owner						
(If different from above)		Name				
		Mailing address				Phone
		City	State			Zip
		Primary Phone Number			Secondary Phone I	Number
		Email Address				

Date

SINGLE LOT SITE EVALUATION REQUIREMENTS

A sketch plan drawn on one or more sheets of standard size at a scale of one inch equals 100 feet or less and containing

Please check off each item as it is drawn on the plans and return this form along with your application. If an item is not applicable please put N/A.

the following: The dimensions with courses and distances of the lot or proposed lot and a scaled drawing of the area proposed for the siting of the dwelling and suitable STS areas The location of any existing or proposed hardscapes, underground utilities, easements, drain tiles, dwellings and appurtenances such as other buildings, driveways, or pools Scale, north arrow, and date evaluated The location of all existing or proposed public and private water systems with water service lines, surface water bodies, streams, ditches, and drain tile, on the lot and within one hundred and fifty feet of the lot boundaries Address of the property along with the tax parcel number as assigned by the Hamilton County Regional Planning Commission. Name of adjacent street and centerline distance to closest intersection The location of any existing or proposed sanitary sewers within 500 feet of the lot boundaries Any zoning setback limits Subdivision name and/or owner's name, address, and phone number Road right-of-way and easement areas with boundary descriptions Preparer's name, address, and phone number Accurate topographic contours at two (2) feet intervals or less Written designations on the site plan by the qualified STS designer conducting the site evaluation of the suitable STS areas on the lot and the location of all soil descriptions for these areas. Identification of all site and soil limitations and all critical information to be addressed in STS design, including the following: a) Landscape position, dimensions, percent slope, vegetation, and drainage features for the suitable STS areas on the lot b) Detailed soil descriptions c) Significant hydrogeologic features, and d) Risk factors associated with the site On existing lots proposed for new construction, rebuilding, remodeling, or house replacement, additional

The evaluation shall be conducted by a qualified STS designer or qualified soils evaluator working with a qualified STS designer.

documentation from the qualified STS designer must be given to the District when the evaluator determines that a

Lot evaluation fee - \$ 350.00 per lot being reviewed.

complete soil absorption system is not feasible.

Unless requested by Health District Staff, single lot evaluations do not require surveyed site plans, however all information listed above will need to be indicated on the drawing.

Sewage Treatment System Designers



PREVENT. PROMOTE. PROTECT. 250 William Howard Taft Road Cincinnati, OH 45219

Phone: 513.946.7800 Fax: 513.946.7890

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Cindaco Design

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Soil/Site Evaluators

Clear Creek Environmental

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620 North Broadway St Lebanon, OH 45036

*THIS LIST DOES NOT CONSTITUTE AN ENDORSEMENT OR RECOMMENDATION FOR ANY ONE DESIGNER OR SOIL EVALUATOR. Other Site/Soil Evaluators or Sewage Treatment System Designers may exist. However, this list represents people that are familiar with the requirements of the State of Ohio and additional policies and standards of Hamilton County Public Health. Always check references and websites like the Better Business Bureau before hiring any company.