



# SUMMIT COUNTY PUBLIC HEALTH

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<b>BASIC EVALUATION OF AN <u>EXISTING</u> SEWAGE TREATMENT SYSTEM (STS) APPLICATION</b>		
Job Site Address:	Zip Code:	Parcel I.D.:
Parcel acreage:	Parcel dimensions:	Township/Village/City:
Owner/applicant:		Phone:
<b>Reason for Application:</b>		<b>\$65 FEE</b>
<input type="checkbox"/> <b>Remaining home from proposed lot split:</b> Evaluation of HSTS that is in use, but land on which it is located is part of a minor or major subdivision proposal.		
<input type="checkbox"/> <b>Building &amp; Excavation Review:</b> <input type="checkbox"/> <b>Dwelling addition/remodel</b> , for projects that will increase the potential occupancy or foot-print of the existing dwelling. Briefly describe below. <input type="checkbox"/> <b>Garage, shed or other accessory buildings, lot excavation project, pond construction, swimming pool installation, etc.</b>		
<b>Existing Dwelling &amp; Project Information:</b>		
<input type="checkbox"/> One-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Three-Family   Total number of bedrooms: _____   Square footage of the dwelling: _____		
Water Source: <input type="checkbox"/> "City" water <input type="checkbox"/> Private Water System ( <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Storage Tank <input type="checkbox"/> Spring )		
<b>BRIEF PROJECT DESCRIPTION:</b> (Include a copy of site and/or building plans)		
<p>I understand that any approval or disapproval issued by the Health District is based on the information I have provided. I further understand that <i>any change in this information may result in a voided approval made by this Department</i>. This evaluation is not as complete as a property transfer evaluation and may not be used as an assessment of the suitability of the STS for ownership transfer. See additional instruction on the "Basic Evaluation..." form.</p>		
<b>Signature of Applicant:</b>		<b>Date:</b>
<b>Health District Use Below This Line:</b>		
Existing System Data:	This form does not constitute a Site and Soil Evaluation. If alterations or replacement of the STS is required, it will be necessary for the applicant to submit the appropriate application form and fee.	
<b>Review Conclusions:</b> <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> See attached approved stamped plan. The proposal meets the minimum requirements of the Environmental Health Code (EHC) and Ohio Administrative Code (OAC) 3701-29. <input type="checkbox"/> The proposal is <b>APPROVED WITH THE FOLLOWING CONDITIONS</b> necessary to meet code requirements: <input type="checkbox"/> Minor repair of STS is necessary. <input type="checkbox"/> Repair/Replacement of major portions of STS is necessary. <input type="checkbox"/> A STS permit is required & is to be presented to Building/Zoning in with this form to be considered approved. <input type="checkbox"/> Sanitary sewer service is available and the STS must be abandoned <input type="checkbox"/> Other: _____		
<input type="checkbox"/> <b>DISAPPROVED:</b> The proposed project is not capable of meeting the minimum requirements of the EHC and/or OAC without adversely affecting the HSTS or future HSTS replacement area.		
<b>Inspector's Signature:</b>		<b>Date:</b>
The conclusions rendered may be without knowledge of some of the individual parts of the STS and water system and applies only to the date and time the opinion was made. Therefore, this evaluation does <b>not</b> guarantee the future performance of the STS		
Site inspection date(s):	<input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> ID #: _____ <input type="checkbox"/> Fee not apply	<b>This is not a permit.</b>