To: Sewage System Installers and Designers  
From: Carrie Yeager, Environmental Health Director  

The Butler County Board of Health has adopted a measure requiring that professional surveying be conducted under certain circumstances. This measure is intended to ensure that all designed and installed plans are correctly located on the property owner's parcel(s) and avoids all recorded easements. The adopted measure states:

Prior to site review for new home site development a property owner shall be responsible to have property lines clearly marked with a strong metal post through use by a professional surveyor in the following situations:

a) Incidents where property lines are within twenty (20) feet of a proposed onsite sewage treatment system  
b) Incidents where road, utility, or other known easements are within twenty (20) feet of a proposed onsite sewage treatment system  
c) The Butler County General Health District Staff shall reserve the right to request professional surveying of any lot lines are needed to ensure proper isolation distances

In addition, all newly designed and submitted plans must be submitted with a site review application as required by OAC 3701-29-09 (A)(1)(a).

These changes are effective August 1, 2019.

Please contact Carrie Yeager at (513) 887-5239 or Bart Kelhoffer at (513) 887-5234 with questions.

Cordially,

Carrie Yeager, R.S.  
Environmental Health Director
Butler County
General Health District

2020 Application for Site Review for Household Sewage Treatment System (HSTS)

Proposed System Type: □ New  □ Alteration  □ Replacement  □ Incremental Repair Plan

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<tr>
<th>Owner/Applicant</th>
<th>Phone #</th>
<th>Email</th>
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<th>Mailing Address</th>
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<th>City</th>
<th>State</th>
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<tr>
<th>Street Address of Property, if Applicable:</th>
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<tr>
<th>City</th>
<th>Zip Code</th>
<th>Township:</th>
<th>Parcel #</th>
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<th>Description of access point for property (if needed):</th>
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The following documents are required prior to site review. Please review each item and attach as needed:

- Is public sewer available for this property;
- Correct payment for all applicable fees;
- Site and soil evaluation form completed by a certified designer as outlined in OAC 3701-29-07 (D) & 29-08;
- Scaled site drawing as outlined in OAC 3701-29-07 (E) & 29-08;
- Layout or design plan as outlined in OAC 3701-29-10 (C);
- Clearly marked property lines, right-of-ways, and recorded easements as outlined in OAC 3701-29-06
  See attached Board of Health Resolution (6/20/2019)
- Designated primary and replacement household sewage treatment system areas are cleared free of visible obstructions (i.e. high weeds/brush). Soil test locations and system layout are flagged with identifying markings/colors.

Before the site review can be scheduled, the following must be done by the applicant:

1. Adequate access to the site must be provided,
2. Primary and secondary sewage areas must be clearly marked, free of visible obstructions/vegetative cover, and protected from any disturbances.

I, the undersigned, hereby certify that the above information and that included in the accompanying documents is correct and truthful. I also understand that any omission from the above may nullify approval for a permit to install. I understand that the site review will cease should the HSTS not be flagged properly, is missing, disturbed or found to have high vegetation and may cause delays to the property owner or developer. I understand that this site review is not a permit to install. A separate permit will be required for installation after site approval.

Property Owner / Designated Representative ___________________________ Date ________________

This site review will expire five years after the approval date. An installation permit is required before any work may begin.

Health District Use Only

Site Review: $137.75 + Soil Evaluation: $41.50 + Design: $187.50 Fee = ___________ Receipt# ___________

STS Type: ___________ OM Permit Length: 1 Year OR 10 Year OM Permit Paid Date: ___________

Approval Date: ___________ Sanitarian Signature: ___________