



**Public Health**  
Prevent. Promote. Protect.

**Butler County**  
General Health District

**2021 Application for Site Review for Household Sewage Treatment System (HSTS)**

Proposed System Type:  New  Alteration  Replacement  Incremental Repair Plan

Owner/Applicant		Phone #	Email:
Mailing Address	City	State	Zip Code
Street Address of Property, if Applicable:	City	State	Zip Code
Description of access point for property (if needed)	Township:	Parcel #	

**The following documents and actions are required prior to site reviews. Please review each item (circle yes or no where applicable) and attach as needed:**

1. Is public Sewer available for this property? **YES** **NO**
2. Is the property on a Public \_\_\_ or Private \_\_\_ Water System? (**Please check one**) Please list the Water Service Provider? \_\_\_\_\_
3. Is the site and soil evaluation form completed by a certified designer as outlined in OAC 3701-29-07 (D) & 29-08? **YES** **NO**
4. Is there a scaled site drawing as outlined in OAC 3701-29-07 (E) & 29-08? (Scale must be sized accurately for the size of paper the drawing is on.) **YES** **NO**
5. Is there a layout or design plan as outlined in OAC 3701-29-10 (C)? **YES** **NO**
6. Are there 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). **YES** **NO**
7. Is there a designated primary and replacement household sewage treatment system area and is it cleared free of visible obstructions (i.e. high weeds/brush). Soil test location and system layout are flagged with identifying markings/colors. **YES** **NO**
8. Is the site easily accessible? **YES** **NO**

**\*\*Notice: Please be aware that if any of the above items are not accurate, missing or incomplete a re-inspection fee will be assessed to property owner/designated representative, additional reviews / inspections will be required which may lead to project delays.**

I, the undersigned, hereby certify that the above information and that the accompanying documents are correct and truthful. I also understand that any deviation 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. **Failure to fully complete this form will prevent health district action. Form must be filled out completely to proceed.**

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.***

***Applications, required documents and fees can be mailed or dropped off at:  
301 South Third St Hamilton, Ohio 45011***

**Health District Use Only**

Site Review Fee = \$362.00

Receipt# \_\_\_\_\_

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

Approval Date: \_\_\_\_\_ Sanitarian Signature: \_\_\_\_\_