Butler County
General Health District
Sanitation Review for Deed Transfer (Lot Split/Replat)

Applicant: ___________________________ Date: __________________

Phone: ________________________________

Address/Parcel ID: ______________________ Township: ______________________

Grantor: ________________________________

Grantee: ________________________________

Owner: ________________________________

Area in Parcel to be transferred: ________________________________

Intended use for new parcel: ________________________________

Attach plot plan to this sheet indicating: lot lines, all existing structures, proposed structure/dwelling if applicable, type and location of sewage disposal (or sewer), water lines and all wells, location of future sewage treatment system for new lot and designated replacement area, and designated replacement area for remainder lot. Applicant must also include a legal description from professional surveyor and soil survey from a professional soil scientist.

Type of sewage disposal ________________________ Sewer District ________________________

Type of Water Supply ________________________ Name of Purveyor ________________________

Butler County General Health District Response

Approval or Disapproval

________________________________________________________________________

Sanitarian – Butler County General Health District Date