



Public Health
Prevent. Promote. Protect.

**Butler County
General Health District**

Sanitation Review for Deed Transfer (Lot Split/Replat)

_____ Fee

_____ Rect. #

_____ Date

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