



# Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432  
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## Application for an Existing Septage Site Approval

Fee: \$176.00

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Operator's Mailing Address: \_\_\_\_\_  
 Land Application Methods to be used: \_\_\_\_\_  
 Property Owner Name: \_\_\_\_\_ Property Owner Signature: \_\_\_\_\_  
 Property Owner's Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Property Location: \_\_\_\_\_  
 Parcel Number(s): \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Township: \_\_\_\_\_  
 Type of vegetation on the site: \_\_\_\_\_  
 Expected crop yield, if applicable: \_\_\_\_\_  
 Date of the last phosphorus sample: \_\_\_\_\_

**The following additional information must be submitted with this application.**

1. Written permission from the property owner to land apply septage and information on the presence of any field tile, ditches, storm sewer systems, streams, or other drainage conveyances within the proposed land application site.
2. Information from an order two soil survey indicating that the site has a slope no greater than eight per cent, has at least three feet of soil above -ground water, bedrock, rock and other fragments, and is free of conditions that could allow land application of septage to cause contamination of ground water or run off to surface waters.
3. Written certification that no changes to the site have been made and that the site remains in compliance with Local, State and Federal rules.
4. Results from a phosphorus test (required every two years) conducted from the soil at the proposed land application site.

**I agree to notify the Columbiana County Health Department immediately should there be any change in the above information. My registration may be revoked for any violation of the sanitary regulations of the Board of Health. Land application of septage without site approval is a violation of State and Local nuisance regulations.**

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Health Department Use Only

Registration Approved: \_\_\_\_\_ Registration Disapproved: \_\_\_\_\_  
 Fee Paid: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Our Vision: "A safe community of healthy people"