



P.O. Box 309 • 7360 State Route 45 • Lisbon, Ohio 44432 • (330) 424-0272
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Septic Presite Evaluation

Date: _____ Township: _____ Fee: \$150.00

Site Address: _____

Applicants's Name: _____ Applicant's Address: _____

Contact Person's Name _____ Contact Person's Phone _____

Lot Number or Subdivision Name: _____ Lot Size:(sq.ft.) _____
Basement (Yes or No) No. of Bedrooms: _____

FOR HEALTH DEPARTMENT USE ONLY

Based on the soil survey the home sewage treatment recommended for this site includes:

____ 2-1,000 gal concrete tanks w/risers or ____ 2-1,500 gal concrete tanks w/risers
and one of the following

Soil Rating:

____ **Mod. Rapid** 200 Ft/Bedroom ____depth (inches) **Drain** Yes / No ____depth (inches)
Gravelless pipe (EZ Flow or Chambers) or 4 inch drain pipe plus stone - #57 or #46
18 inch minimum trench width

____ **Moderate** 300 Ft/Bedroom ____depth (inches) **Drain** Yes / No ____depth (inches)
Gravelless pipe (EZ Flow or Chambers) or 4 inch drain pipe plus stone - #57 or #46
18 inch minimum trench width

____ **Mod. Slow** 400 Ft/Bedroom ____depth (inches) **Drain** Yes / No ____depth (inches)
Gravelless pipe (EZ Flow or Chambers) or 4 inch drain pipe plus stone - #57 or #46
24 inch minimum trench width

____ **Slow** 500 Ft/Bedroom ____depth (inches) **Drain** Yes / No ____depth (inches)
Gravelless pipe (EZ Flow or Chambers) or 4 inch drain pipe plus stone - #57 or #46
24 inch minimum trench width

____ Class I Aeration System with Franklin County Mound (100 ft./3 bedroom)

All systems may be reduced by one third total leaching with the use of a Class I Aeration System

THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE ISSUED UNTIL A SCALED DRAWING IS SUBMITTED SHOWING HOUSE PLACEMENT, WELL PLACEMENT AND SEPTIC SYSTEM DRAWN TO SCALE. The signatures of the Owner, the Septic Installer and the Contractor (if known) must be included on the drawing.

Site Evaluated By: _____ Date: _____
Approved _____ Disapproved _____

Additional Comments on Back