



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432
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☐ Application for Site Review Fee: \$285 ☐ Application for a Soil Evaluation Fee: \$595 ☐ Both Fee: \$880

Site Address: _____ Parcel #: _____ Township: _____

Lot Number/Subdivision Name: _____ Lot Size: _____ No. of Bedrooms: _____

Applicant's Name: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Date: _____

Contact Name: _____ Contact Phone: _____

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: _____ Date: _____ Test Hole(s): _____

Primary Treatment

Septic Tank total volume required: ____ 1000gal ____ 1500gal ____ 2000gal ____ 2500gal ____ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: _____% Infiltrative Distance: _____ inches ILR: _____ LLR: _____ Table Location: _____

Estimated Flow: _____ GPD Minimum Sq.Ft. of Absorptive Area: _____ Minimum Length: _____

Depth to limiting layer _____ Type _____ Required VSD _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

Comments: _____

THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE ISSUED UNTIL AN APPROVED DESIGN PLAN, HOUSE PLANS AND A TAX MAP OF THE PROPERTY IS SUBMITTED, IF APPLICABLE.

☐ **APPROVED-** Adequate length/width is available for a Sewage Treatment System.

☐ Based on the information submitted, it cannot be determined if the lot is suitable for a Sewage Treatment System, see comments for additional needed information.

☐ Based on the information submitted, this lot is not suitable for an on-lot Sewage Treatment System. NPDES permit is required from the OEPA for approval of an off-lot discharging system.

☐ **DISAPPROVED-** This property is not suitable for a Sewage Treatment System.

Site Evaluated By: _____ Date: _____

Our Vision: "A safe community of healthy people"