



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

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 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 percent, 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: _____

For Health Department Use Only

Registration: ☐ Approved ☐ Disapproved: _____ Date & R.S. Signature _____

Date Paid: _____ Registration Number: _____

Our Vision: "A safe community of healthy people"