Clinton County Health District Public Health - Prevent. Promote. Protect.

Soil Evaluation Application \$325.00

Applicant Name:	Date:			
Address of Property:				
Twp:Phone:	Email:			
(If different than above.) Owner Name:	Address:			
Phone:	Email:			
Send results to: Applicant Address \Box	Applicant Email Owner Address Owner Email ion Replacement System Lot Split Other (Specify below)			
Additional information you would like to share:				
Prior to the evaluation of your lot, the	following must be done:			
1. A detailed plot plan must be submitted w	with this application			
2. Property lines must be clearly marked or	n the lot.			
3. Lot must be mowed.				
4. The correct address must be posted on th				
5. All existing easements (i.e., water, electr	nc, gas, etc.) must be marked on the lot.			
I understand the following:				
• Clinton County Health District (CCHD) contracts with the Clinton County Soil and Water Conservation District				
(SWCD) for their certified Soil Scientist to complete the soil evaluation per the Ohio Administrative Code 3701-29.				
• It will take approximately six (6) weeks to eight (8) weeks for a soil evaluation to be completed. The evaluation is weather dependent and can vary from season to season.				
· ·	please contact the Clinton County SWCD at 937-382-2461.			
	Date:			
Signature of ripplicant of ripperty owner.				

	- OFFICE U	JSE ONLY -	
Date(s) Received/Fee Paid	Receipt #	Date/Initials Results	ID#
Comments:			
Approved 🗆	Disapproved	Date:	
Registered Environmental Hea	lth Specialist (REHS)	Signature:	
	CCHD Soil Evaluation Appl	ication: Updated: 12/06/2024	
	Equal Oppor	tunity Employer/Provider	

Public Healt Performance