111 S. Nelson Ave. Suite 1 Wilmington, Ohio 45177 info@clincohd.com 937.382.3829

Sewage Treatment System (STS) Design Review Application \$325.00

Applicant Name:		Date:			
Address of Property:					
Twp:Pho	Phone: Email:				
(If different than above.) Owner Name:Address:					
Phone:	Email:				
Send results to: Applican					
Additional information needed about your site:					
How many bedrooms will your	home have?				#
or alteration of an existing STS, the Board of Health shall require a site review. A site review shall include: 1. The completed application and the associated fees. 2. A soil evaluation completed in accordance with rule 3701-29-10 of the Administrative Code. (The Board of Health may waive the requirement for a soil evaluation based on small lot size, for an alteration, or for an incremental repair plan.) 3. A STS design completed in accordance with rule 3701-29-10 of the Administrative code. 4. When the applicant is requesting approval of a system that is subject to creating a nuisance condition and/or failing, an incremental replacement plan shall be submitted with the site review request.					
Signature of Applicant or Property Owner:			Date:		
- OFFICE USE ONLY -					
Date(s) Received/Fee Paid	Receipt	:#Date/I	nitials Results_	ID#	
Comments:					
Approved Registered Environmental Hea		ved □ Date: t (REHS) Signature: _			