



**LOT EVALUATION
INDIVIDUAL SEWAGE SYSTEM**

Fees payable by cash or check

Authority Section 3709.21 O.R.C.
Regulation 3701-29-01 to 3701-29-26 O.A.C.

Evaluation # _____
Date _____
Sewage# _____
Date: _____

Lot Evaluation Fee: \$ 170.00
Sewage Permit Fee: \$ 874.00
Operation Permit Fee: \$ 250.00
Alteration Permit Fee: \$ 435.00

Re-Evaluation Fee: \$ 75.00
Plan Review Fee: \$ 50.00

1. LOCATION OF LOT

Parcel # _____
Subdivision Name _____
Twp/Village _____
Street _____
Sub-lot # _____ House # _____
Is this a lot split? Y / N

2. REQUESTOR

Name _____
Address _____
City _____ Zip _____
Phone _____
Property Owner _____

3. SIZE OF LOT

Acreage _____
Frontage _____ Back line _____
Depth _____ Side _____ Side _____

4. CONSTRUCTION TYPE

New Existing
 Single Family 2 Family 3 Family
_____ # of Bedrooms

Estimated cost of installation \$ _____

Yes No Are there any liquid holding devices (such as a Jacuzzi or hot tub) with a capacity greater than 100 gallons?

I understand that household sewage treatment systems are designed based on daily flow rates and that an alteration of the dwelling resulting in an increase in the number of people in the residence affects the operation of the system.

Signature _____ Date _____

The above information must be complete, and the lot property lines, house, well, septic and replacement field locations staked prior to a field evaluation to determine if the lot is suitable for a household sewage treatment system. Additional site visits due to changes in plans will incur a \$75.00 fee per site visit.

(STOP – Do Not Write Below This Line – To Be Filled Out By Geauga County Health District Staff ONLY)

Date of previous lot approval _____

Date of Field Visit _____ By _____ Present _____

Date of Soil Evaluation _____ By _____

Soil Scientist Evaluated: Soil Type _____ Rating _____

Depth to Ground Water _____ Depth to limiting condition of any kind _____

New System System Alteration Tank Replacement NPDES _____ GPD _____

Lot Disapproved Comments: _____

Lot Approved for sewage installation Type of system _____ Septic Tanks _____

Lift Station _____ Curtain Drain / Degrees Aeration Tank _____ GPD

_____ # Feet Leach Trench Infiltrator Trench _____ Width _____ Depth _____ Drawing Date _____

Soil Depth Credit: 6 in. 1 ft. 2 ft. (circle one)

Owner Request House Plans _____ Driveway Permit OP Permit Soils _____ Flood Plain

Comments: _____

Approved for Permit By: _____ Date: _____

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