



GEAUGA PUBLIC HEALTH

Promoting and Protecting Community Health

12611 Ravenwood Dr. #300, Chardon, OH 44024

440.279.1900

www.gphohio.org

Parcel:

Address:

Lot Evaluation and Design Instructions and Checklist

In order to maintain consistency and processes lot evaluations as quickly as possible Geauga Public Health is requiring that all the information listed below must be included when the lot evaluation form is submitted. Once all the required information has been received, the lot evaluation form will be sent to an Environmental Health Specialist (EHS) for design review. Please contact Geauga Public Health to schedule a site visit. Additional information may be requested before or after the site visits.

Lot Evaluation Required Information

Initials	Required items to be submitted with the lot evaluation form
	1. Check made payable to Geauga Public Health
	2. A design site plan drawn to-scale (1" = 50', 1" = 40' or 1" = 30') on a topographical map no larger than 11" x 17" that meets the requirements of OAC 3701-29-10 and the design required information listed below.
	3. A soil evaluation site plan map to- scale that meets the requirements defined in OAC 3701-29-07(E) , Soil evaluations and soil evaluators.
	4. Soil report forms signed by a registered soil scientist, or signed soils waiver.
	5. Floor plans for the home and all out buildings that contain plumbing (barns, shops, pool house etc..). All rooms must be labeled including rooms located in the basement. If plans are not available a walk through can be scheduled. a. I would like to schedule an appointment for a walk through. Installers initials:
	6. Preliminary design calculations.
	7. The lot evaluation submitted includes all the required information. I understand that a site visit will not be scheduled until the design has been reviewed and the minimum requirements met.

Site Visit Requirements

Prior to the site visit please make sure the following items are clearly marked. Some items may not be needed depending on if this is a replacement system or new construction.

1. The four (4) corners of the house, property boundaries, driveway, proposed buildings, well, any easements near the proposed system or other items that must meet isolation distances as specified in **OAC 3701-29-10**
2. The proposed system and replacement area should be staked on contour to easily identify the system and isolation distances including the tank(s), dosing tank and ATU.
 - a. Trenches – All lines must be identified, and the locations of the curtain drain.
 - b. Mound – the overall length and width, and the location of the interceptor drain.
 - c. Spray: Location of the spray head(s), spray radius, and any water diversion such as an interceptor drain.
3. All site drainage features such as swales, wetlands, cut banks flood plains and intermittent streams should be marked
4. Geauga Public Health may request the lot professionally surveyed. It is the contractor's responsibility to coordinate this.

Design Review Checklist to be Completed by GPH Staff

EHS	Minimum site design requirements to be completed by EHS
	1. The address or parcel of the property, designer and/or installers name with a signature and date
	2. The design scale (1"=50') and north pointing arrow
	3. Two (2) foot contour lines numbered
	4. The design should show the dimensions of the property with relation to any roads while maintain the design scale. If this is not possible a separate drawing of the overall lot should be submitted.
	5. Identify any proposed or existing structures that must meet required isolation distances including, wells, existing septic system, driveway, barns, pools, outbuildings or ponds.
	6. Identify proposed or existing utilities such as water service lines, gas lines, electric lines, or other utilities that may affect the siting of the design.
	7. Items affecting site drainage such as wetlands, swales, cut banks, riparian setbacks, flood plains, and intermittent streams.
	8. Location of proposed system with all components labeled including their size (length, width, and depth) or capacity (gallons), including site drainage components.
	9. A cross section of the proposed system or components including site drainage (interceptor, curtain drain...)



Lot Evaluation Individual Sewage System

Authority Section O.R.C 3701.29
Regulations O.A.C 3701-29

Completed by GPH Staff	
Evaluation #	
Date:	
Sewage#	
Date:	

<input type="checkbox"/> Lot Evaluation \$170.00	<input type="checkbox"/> Re-Evaluation \$75.00	<input type="checkbox"/> Alteration Permit \$435.00	
<input type="checkbox"/> Sewage Permit \$874.00	<input type="checkbox"/> Operational Permit \$250.00	<input type="checkbox"/> Plan Review \$50.00	
Property Location Information		Requester Information	
Parcel #:		Name:	
Subdivision:		Address:	
Twp./Village:		City:	Zip:
Address:		Phone:	
Street:		Email:	
Sub Lot:		Property Owner:	
Estimated Cost:		Electrical Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lot Split: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Parcel #:	<input type="checkbox"/> New	<input type="checkbox"/> Replacement <input type="checkbox"/> Alteration
Acreage:	Bedrooms:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2 Family <input type="checkbox"/> 3 Family
Are there or will there be any liquid holding devices over 100gal., or other buildings with plumbing on the property <input type="checkbox"/> Yes <input type="checkbox"/> No			
Property Owner Acknowledgement (signed by property owner)			
I, the property owner agree that all information presented above is factual and that the approval for this lot evaluation is valid for five (5) years from the date of approval. Any changes in the above information including house plans, site design, or site conditions that could affect the system design, including the sewage source, may require this application to be void and a new lot evaluation will be needed. O.A.C. 3701-29-09 (A) (4).			
Name Printed:		Signature:	Date:
This section is to be completed by the Health Department			
Date:	RS/SIT:	Present:	
Soil Scientist:	Date:	Soil Class:	Grade: Type:
PSWT:	Limiting Condition Depth:	Type:	
Alteration: <input type="checkbox"/> Tank replacement <input type="checkbox"/> Aeration system <input type="checkbox"/> Other:			
New System: <input type="checkbox"/> Infiltrator Chamber <input type="checkbox"/> Mound <input type="checkbox"/> ATL System <input type="checkbox"/> Presby <input type="checkbox"/> Spray-radius <input type="checkbox"/> Drip <input type="checkbox"/> NPDES			
Septic Tank Size:	Dosing Tank & Type:	ATU:	
Filed Dimensions # (L x W x D):			
Drainage: <input type="checkbox"/> Curtain <input type="checkbox"/> Interceptor <input type="checkbox"/> Perimeter		<input type="checkbox"/> 90° <input type="checkbox"/> 180° <input type="checkbox"/> 270° <input type="checkbox"/> 360°	Pump Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Depth Credits			
Credits: <input type="checkbox"/> 1"to 1" <input type="checkbox"/> 6" <input type="checkbox"/> 12" <input type="checkbox"/> 24"		<input type="checkbox"/> Soil/Sand <input type="checkbox"/> Aeration <input type="checkbox"/> Aeration+UV <input type="checkbox"/> L.P Pipe <input type="checkbox"/> micro-dosing <input type="checkbox"/> Presby	
Required Information (check and date)			
<input type="checkbox"/> House Plans:	<input type="checkbox"/> Operations Permit:	<input type="checkbox"/> Soils Report:	
<input type="checkbox"/> NOI Sent:	<input type="checkbox"/> NPDES # Received:	<input type="checkbox"/> NPDES#	
Acknowledgement forms: <input type="checkbox"/> Spray <input type="checkbox"/> NPDES <input type="checkbox"/> Pretreatment <input type="checkbox"/> Peat module			
Approvals			
Split Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:		Property will support an on-lot system with a primary and replacement area	
Permit to install:			

Approved for permit:

Date: