



**Pickaway County General Health District**  
 Environmental Health Division  
 PO Box 613, 110 Island Road, Circleville, OH 43113  
 740-477-9667 Ext 225, [www.pchd.org](http://www.pchd.org)

Fee Paid	Date:	Received by:
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## Lot Split Application

**This application must include a Soil Evaluation completed in accordance to OAC 3701-29-07 for each lot**

Name:		Date:	
Mailing Address:	City:	State:	Zip:
Email:	Phone:	Cell Phone:	

### Site information (to be completed by applicant)

Site Address:	City:	Township:
Parcel Number	# of new lots created:	Proposed system type(s):

**As required by Ohio Administrative Code 3701-29-08, the minimum information must be submitted or completed for review of the proposed lot split and to obtain health department approval for onsite sewage treatment system on the lots:**

- (1) Submit a soil evaluation report for each lot in accordance to OAC 3701-29-07**
- (2) Stake lot lines / corners and proposed soil absorption areas for inspection by health department staff,**
- (3) Submit a site drawing including (a) the acreage of each lot and the total land area (b) proposed lot lines with detail of site conditions including vegetation and drainage, (c) site information including easements, utilities, structures, wells, foundations, roads, drainage features, water bodies.**
- (4) Identify one or more feasible sewage system type(s) for each lot.**
- (5) Once the site inspection is completed and preliminary approval is granted, the final survey plat and legal description can be completed and must be submitted for final health department approval.**

By signing below, I acknowledge that this evaluation is not a guarantee and applies only to those conditions at the time of the inspection(s). Our examination is limited to our resources, documents submitted, and to those items that can be observed under the prevailing weather and surface conditions on that date of the inspection and not by factors that cannot be observed upon inspection. I also understand that the written approval of a lot split from the Pickaway County General Health District does not guarantee a specific system type for each proposed parcel. The exact type of system, design, and location of the system will not be approved until a site review application is submitted along with a soil report(s), system design, floor plan of home, and site plan for proposed construction of each lot and the site review is approved by the Pickaway County General Health District

Signature:

Date:

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 Page 2 to be completed by health department staff



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## Lot Split Review

Page 2 to be completed by health department staff

Site Address:	Township																																																																	
Parcel #:	Proposed # of lots																																																																	
<p><b>Lot Split checklist:</b> Stake / lot line locations ok:    <input type="checkbox"/>Yes    <input type="checkbox"/>No    <b>Preliminary Scaled Drawing Includes:</b></p> <p>Soil evaluator Name: _____    Lot lines, site drainage, vegetation, existing structures ,</p> <p>Soil evaluation Date: _____    Roads, easements, utilities etc    <input type="checkbox"/>Yes    <input type="checkbox"/>No</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%;">Lot # _____</th> <th style="width: 12.5%;">Lot # _____</th> <th style="width: 12.5%;">Lot # _____</th> <th style="width: 12.5%;">Lot# _____</th> </tr> </thead> <tbody> <tr> <td>Acreage of Lot</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Test Hole #</td> <td style="text-align: center;">#1    #2</td> <td style="text-align: center;">#1    #2</td> <td style="text-align: center;">#1    #2</td> <td style="text-align: center;">#1    #2</td> </tr> <tr> <td>Depth to seasonal water</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Depth to water table</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Highly permeable mat.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Bedrock</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Restrictive Layer</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Proposed Primary System</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Proposed Secondary System</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="5">Meet requirements of:</td> </tr> <tr> <td>OAC 3701-29-06 (F)</td> <td><input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes    <input type="checkbox"/>No</td> </tr> <tr> <td>OAC 3701-29-06 (G)</td> <td><input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes    <input type="checkbox"/>No</td> </tr> </tbody> </table> <p>Sanitarian that completed site inspection: _____ Inspection Date: _____</p> <p>Survey Plat and legal description submitted and approved?    <input type="checkbox"/>Yes    <input type="checkbox"/>No    Date: _____</p>			Lot # _____	Lot # _____	Lot # _____	Lot# _____	Acreage of Lot	_____	_____	_____	_____	Test Hole #	#1    #2	#1    #2	#1    #2	#1    #2	Depth to seasonal water	_____	_____	_____	_____	Depth to water table	_____	_____	_____	_____	Highly permeable mat.	_____	_____	_____	_____	Bedrock	_____	_____	_____	_____	Restrictive Layer	_____	_____	_____	_____	Proposed Primary System	_____	_____	_____	_____	Proposed Secondary System	_____	_____	_____	_____	Meet requirements of:					OAC 3701-29-06 (F)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	OAC 3701-29-06 (G)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Approved by (SIT or RS):	Date:																																																																	
<input type="checkbox"/> APPROVED    OR <input type="checkbox"/> DISAPPROVED																																																																		

This Evaluation does not indicate exact system type to be installed on the lots. A site review must be approved by the health department to determine system type, size, and specifications. This evaluation is not a guarantee and applies only to those conditions at the time of the inspection. Our examination is limited to our resources, documents submitted, and to those items that can be observed under the prevailing weather and surface conditions on that date of the inspection and not by factors that cannot be observed upon inspection