



Brown County Health Department

826 Mt Orab Pike, Georgetown, OH 45121

www.browncountyhealth.org

Health Commissioner: Kyle D. Arn, MS, RS

Our mission is to protect and improve the health of Brown County residents by providing preventive services, ensuring healthy environments and promoting healthy lifestyles.

PHONE: 937.378.6892 | TOLL FREE: 866.867.6892 | FAX: 937.378.4301 | MON-FRI 8AM - 4:30PM

Checklist for Existing Sewage Systems

- Complete the Site Review Application, Inspection Requirements sheet and the Owner Agreement sheet (this sheet is required only if you are **not** the property owner). This paperwork is included in this packet.

- Submit the following items to our office:
 - Site Review Application, Property deed and tax map, Inspection Requirements sheet, Owner Agreement (if privately owned) and Building Dept. Sheet.
 - *Please allow 7 to 15 business days for completion of the Site Review. In the case of a Loan Site Review our inspector will try to complete it as soon as possible*

- After the Site Review has been approved, your septic installer may apply for a Permit for Alteration (if applicable). Once your septic installer has received the permit, work may begin on the sewage system.
 - *Any work being completed on sewage systems must be done by a licensed septic installer. If the homeowner wishes to complete the work themselves, they are required to be licensed and bonded just as an installer would.*

- If the Sewage System is found to be failing and needs to be replaced, please contact our office for further instructions.

Application cost: \$200.00 (cash, check or money order)



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SITE REVIEW APPLICATION

Application #: _____

Applicant Name: _____

Phone number: _____

Property Owner Name: _____

Phone number: _____

(if different from Applicant Name)

Signature: _____

<u>Property for review:</u>			
Street Number:		Street Name:	
Lot # <i>(if applicable)</i> :		City:	Zipcode:
Township:		Parcel #:	
<u>Report to be mailed to:</u>			
Street Number:		Street Name:	
City:		State:	Zipcode:

Number of Bedrooms _____ Number of Acres _____

Has the existing lot been recently split or resurveyed? Yes No

Will you be splitting or resurveying the existing lot? Yes No

Would you like to be present for the inspection? Yes No

If yes, the inspector will call the contact phone number for the applicant to schedule a day and time.

Please be aware that this may delay the inspection.

Please provide directions to the property: _____

*A re-inspection fee will be charged if the HSTS is found in a non-working condition or if the property is not properly identified.

*No refunds after the inspection has been performed – an administrative fee of \$48.00 will be retained if refund is requested prior to inspection being performed.

*****Office Use Only*****

Type of Inspection Requested:

___ New Construction / Replacement	<input type="checkbox"/> HSTS	<input type="checkbox"/> SFOSTS	<input type="checkbox"/> GWRS
___ Home Replacement	<input type="checkbox"/> HSTS	<input type="checkbox"/> SFOSTS	<input type="checkbox"/> GWRS
___ Repair / Alteration	<input type="checkbox"/> HSTS	<input type="checkbox"/> SFOSTS	<input type="checkbox"/> GWRS
___ Loan (Buying or Selling)	<input type="checkbox"/> HSTS	<input type="checkbox"/> SFOSTS	<input type="checkbox"/> GWRS

Date Received: _____

Receipt #: _____

Date Issued: _____

Soil Eval. Approved: _____

System Design Approved: _____

Date Expires: _____



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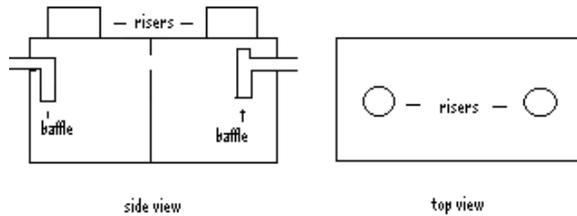
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Property Address: _____

1. For more accurate results, the home needs to have been occupied for at least six months prior to the inspection. However, if the home has not been occupied for at least six months prior to the inspection, the inspection can still be conducted, but the results may not be as accurate.
2. Evaluations performed during the winter months will be more conclusive than those performed during the summer months.
3. The inspection report *only* reflects the condition of the household sewage treatment system at the time of the inspection.
4. The Brown County Health Department will make every possible effort to locate any problems with the household sewage treatment system but can make no guarantee that all components of the system are working properly.

Inspection Requirements

1. Both lids of the septic tank need to be uncovered prior to inspection.
2. The baffles inside the septic tank must be visible.
3. The Brown County Health Department recommends that the septic tank be equipped with tar sealed concrete or plastic risers.
4. The septic tank does not have to be pumped prior to inspection but may be requested for tank inspection.
5. If the inspection requestor would like to be present during the inspection. The permit and inspection requestor will be contacted within 7-15 business days to arrange inspection time and date.
6. The leach field, sand filter, leach line or treatment component needs to be located and marked for the inspector.
7. If a reinspection is required, a re-inspection fee will be applied.
8. During winter months, if snow cover restricts visibility of the septic treatment system an inspection may be postponed or rescheduled.



I have read and understand the above Inspection Requirements.

Signature

Date

Printed Name

Brown County Building Dept.

Name of Applicant: _____

Address/Location: _____

Township: _____ Date: _____

Board of Health Plumbing Requirements

Review: _____

Action: _____

Brown County Health Department Date

Board of Health Septic Requirements

Review: _____

Action: _____

Brown County Health Department Date

Planning Commission Hill Side Requirements

Review: _____

Action: _____

Amanda Brannock, Executive Secretary Date
Brown County Planning Commission

Planning Commission Drainage Plan Requirements

Review: _____

Action: _____

Amanda Brannock, Executive Secretary Date
Brown County Planning Commission



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Owner Agreement for Septic Evaluation

I _____ hereby acknowledge that I am the property owner for the property located at _____.

I am aware that the Brown County Health Department has been requested by _____ to perform a septic evaluation on the above mentioned property.

Unless otherwise requested, the inspection report will only be mailed to the address provided on the application. Should you, the owner, wish to receive a copy of the inspection report please list your current mailing address below.

Address	City	State	Zip Code
_____	_____	_____	_____

Please read the following in its entirety:

Effective April 1, 2002 per the Brown County Board of Health, all sewage treatment systems being installed or receiving any type of inspection following that date (April 1, 2002) including those inspected due to a valid nuisance complaint will fall under the Operational Maintenance (O/M) requirements. The program was designed to monitor and regulate the maintenance and operation of all systems installed, as well as any that are in need of repair. Sewage treatment systems that contain any mechanical or electrical components will be inspected every thirty-six (36) months. Non-mechanical systems will be inspected every sixty (60) months and NPDES systems will be inspected every twelve (12) months. An inspection fee will be charged for each O/M inspection. An Operation Permit will be issued in conjunction with each O/M inspection.

Owner's Signature

Date

Notary:

In witness whereof I have hereunto affixed my signature this _____ day of _____,
_____.

Notary's Signature

My Commission Expires