



SEPTAGE LAND APPLICATION SITE PERMIT APPLICATION

2023 Fee: \$100.00- Non Refundable

This application is only for domestic sewage and not other waste materials such as industrial/commercial septage or solid waste. An approved land application site permit issued by the Board of Health shall be valid for one year from date of issuance.

Applicant's Name: _____ Phone #: _____

Company Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Site Information

If the applicant is not the owner of the proposed site, the owner of the site must complete the attached affidavit.

Landowner's Name: _____ Phone #: _____

Site Address: _____

Directions: _____

Township of site: _____ Total Acreage of site: _____

Parcel Number: _____

Latitude of Site: _____ Longitude of site: _____

Township # _____ Range# _____ Section# _____

Acreage of application area: _____ (The area where septage may be applied according to the minimum horizontal isolation distances found in Ohio Administrative Code Section 3701-29-20(E)(2).

Describe the source of the septage (i.e. residences, portable toilets, etc.)

Describe the method of land application that will be used.

Prior to the evaluation of your site, the following must be done:



- A) Submit the site evaluation application and fee for site approval (*this form*)
- B) Submit affidavit(s) signed by the landowner and notarized, if applicable. (see Page 4)
- C) Submit a map or drawing that includes the following information:
 - 1) Property boundaries for the site
 - 2) Adjacent property boundaries
 - 3) Adjacent land uses
 - 4) Drainage tiles (including private owned field tile), ditches, storm sewer systems, streams or other drainage conveyances.
 - 5) Location of well and other wells located within 50ft of lot
 - 6) Vegetation present
 - 7) Approximate slope and contour information (may be on soil report)
 - 8) North orientation arrow
 - 9) Any structure located on the property (i.e. houses, barns etc)
 - 10) Waterways, streams, ponds, rivers, etc.
 - 11) Scale (i.e. 1 inch= 10 feet)

D) Submit a 1/4 section map with property owners indicated (1"=200 ft.). The section map must include an aerial map with plat overlay and soil profile. (*Obtain from GIS Map Office located on 1st floor of courthouse*)

E) Submit information from an order two soil survey indicating that the site has a slope no greater than eight percent, has at least three feet of soil above ground water, bedrock, rock and other fragments, and is free of conditions that could allow land application of septage to cause contamination of ground water or run off to surface waters.

F) Identify your methods of pathogen and vector reduction: _____

G) Annual Sewage Application Rate: _____

Minimum Horizontal Isolation Distance Requirements (OAC section 3701-29-20 (E)(2))

_____ 200' from any dwelling, business, or location used for community gatherings or recreational purposes.

_____ 50' from any property line

_____ 100' from any private water system, non-potable water well or water supply well used by a transient, non-community public water system as defined in rule 3745-81-01 of the Ohio Administrative Code.

_____ 50' from any waters of the state excluding ground water but including grass waterways.

_____ 300' from a sinkhole or drainage well, or 100' if a permanent vegetative buffer is maintained round the sinkhole or drainage well.

_____ 1500' from a public drinking water surface water intake.

Additional Requirements



- Septage shall be land applied in accordance with the following:
 - Septage shall not be permitted to pool or flow on the surface of the ground.
 - Septage must not be applied to soils unless the soil has dried adequately from previous application or rainfall so that saturated soil conditions or ponding does not occur.
 - Septage shall not be applied by spray irrigation or other methods that will cause aerosols to drift from application site.
 - Septage shall be applied in accordance with the vector attraction reduction requirements and the pathogen reduction requirements of 40 C.F.R. 503.
- The soil shall be tested every two years for phosphorus and shall not exceed the recommended levels for agronomic loading rates.
- The amount of septage applied to the site shall not exceed the annual nitrogen application rate required for the type of vegetation on the site.
- Trash shall be screened and removed from the septage prior to land application and the trash shall be dewatered prior to disposal as solid waste
- Sewage must be applied and injected as to help with vector and rodent control.
- Records shall be maintained by the septage hauler for at least five years to demonstrate compliance with Ohio Administrative Code section 3701-29-20 and the requirements of 40 C.F.R. 503.

Applicant/ Site Operator:

I, _____, _____
(Name) (Title)

understand that Health Department approval of this site for land application of domestic sewage does not constitute an assurance or guarantee that the land would be in compliance with Chapter 503 of the Code of Federal Regulations or other applicable rules and regulations of other enforcing agencies or departments.

I agree to submit records of land application of domestic sewage as requested by the Health Department to determine compliance with applicable Health District rules and regulations regarding septic land application.

I understand that I am responsible for operating the site described in the legal description in accordance with the Sewage Treatment Systems Rules Section 3701-29-20. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, revocation of this registration, and disapproval of the proposed site for land application of domestic sewage.

Signature

Date



FOR OFFICE USE ONLY

REQUIREMENTS REVIEWED: _____

MAP INFORMATION REVIEWED: _____

SOIL REPORT SUBMITTED: _____

VEGETATION SUITABLE WITH NITROGEN AND PHOSPHORUS REQUIREMENTS:

SITE INSPECTION DATE: _____ INSPECTOR _____

OTHER REQUIREMENTS: _____

ADDITIONAL INSPECTION DATE: _____ INSPECTOR: _____

Septage Hauler is Registered with Darke County? _____

Septage Hauler have previous non-compliance issues? _____ If yes, explain:

Date Paid: _____ Drivers Lic #: _____ Receipt: _____

Number of Trucks _____

Truck descriptions: _____



Darke County General Health District
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196
www.darkecountyhealth.org

Property Owner Letter of Septic Waste Acceptance

I, _____, hereby allow
Printed Name of Property Owner

Company Name

a Registered Scavenger with the Darke County General Health District, to dispose of septage

waste on my property located at: _____,
Street Address/ Description (Parcel ID, Lot #, etc)

_____ in _____ township.
City Township Name

The approval is granted for the _____ year. (Cannot exceed one-year agreement).

The vegetation grown on my property will be _____. The

Drainage tiles, streams, etc. are correctly shown on the map submitted to me and include

Signature of Property Owner

Date

State of Ohio

SS

Darke County

Executed before me, a Notary Public in and for said County and State, on this

_____ day of _____, _____.
Month Year

Notary Public

My commission expires _____