



## APPLICATION FOR LAND SPLIT EVALUATION

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### INSTRUCTIONS AND APPLICATION FORM

#### 2024 EVALUATION FEES (ALL FEES ARE NON-REFUNDABLE)

|  |                      |
|--|----------------------|
| Household Sewage Treatment System Evaluation | \$435.00             |
| Health Commissioner Review                   | Included             |
| Water Sample (Bacteria)                      | \$113 +40.50 lab fee |
| <b>Total Evaluation Fee</b>                  | <b>\$588.50</b>      |

#### Read All Before Submitting

- The land split evaluation consists of inspections by a Registered Sanitarian of the household sewage treatment system and the private water system. It also includes an evaluation of the mylar by the Health Commissioner to ensure all items are included on the plat and the property is in compliance with the Ohio Sanitary Code.
- If a septic and well are not located on the property, please fill out the land survey application.
- Incomplete applications cannot be accepted. ORIGINAL HOMEOWNER’S SIGNATURES ARE REQUIRED. Faxed or Emailed copies cannot be accepted.
- A routine Operation and Maintenance (O&M) inspection of the sewage treatment system does not satisfy the requirement for a land split inspection.
- Upon receipt of the completed application and fees, the Health Department will schedule an appointment for the inspection. If an existing well is on the property, a land split inspection must be performed on Tuesday ONLY, due to laboratory restrictions on water sample hold times.
- Appointments are scheduled on a first-come, first-served basis. If for any reason you must cancel or reschedule the appointment, you must call in at least 24 hours prior to the originally scheduled appointment.
- A scavenger registered with the Darke County Health Department must pump all septic tanks while the inspector is present. (See attached list) DO NOT HAVE THE SEWAGE SYSTEM PUMPED PRIOR TO INSPECTION. If the tank has been pumped within one year, it may not be required again.
- The lids of the septic tank and splitter and/or distribution boxes must be uncovered *prior* to the time of inspection. Most lids are within 2-3 feet from the surface; you may uncover this yourself or hire a contractor/scavenger to uncover them for you.
- All septic system components must be located on the property.
- If there are no risers on the inlet and outlet lids of the septic tank they will be required.



- If there is no riser on the splitter box or distribution box, they will be required.
- Any deteriorated items will need replaced.
- If the system has a **subsurface sand filter**, the distribution box and outlet tile must be uncovered in order to evaluate the sand filter and sample the quality of the effluent. If there is no inspection port on the outlet tile of the sand filter, one will be required.
- If the system has a drywell, see the Health Department
- All plumbing must drain into the sewage treatment system. Down spouts and sump pump drains should not drain into the sewage treatment system.
- No evaluation will be conducted if ground cover excessively obscures any components of the sewage treatment system (including high grass, snow cover & leaves). The inspection will be rescheduled when the ground cover is removed. This includes heavy amounts of rain where the conditions of the field cannot be evaluated.
- This report is indicative of the system at the time of evaluation. Any subsequent changes in weather conditions, number of occupants, or water usage may affect the system operation.
- The sanitarian's opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage treatment system and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of the home sewage treatment system.
- Soils must be evaluated to designate the replacement septic system area. Replacement areas should remain undisturbed.
- New building lots must have at least 1.5 acres net (without right-of way) or more dependent upon the size of the home, number of outbuildings, driveways, parking areas, disturbed area, topography, etc. **2 soil areas need to be designated, one for the new system and one for the replacement. Soil evaluations help determine what type of septic system is installed. The number of possible bedrooms in a home determines the size of the septic system. Please see the Health Departments' bedroom policy for clarification.**
- The minimum amount of acreage required cannot be confirmed until this evaluation is completed. It is recommended that you have this evaluation done prior to any surveying, but you have an idea of where the property lines will be located.
- The Health Department requires the private water system to be tested for total coliform bacteria and pre-screened for nitrate. Other parameters can be tested for an additional fee; those parameters and fees are available at the Health Department. No lead testing will be completed by the Health Department. A satisfactory result will be required.



- Because dug wells and cisterns may pose a safety hazard, they must be properly abandoned prior to final approval. Any other wells no longer in use must be sealed. All wells and cisterns must be shown to the sanitarian. All hydrants must have backflow prevention devices.
- We recommend chlorinating the well before we take the water sample. Instructions for chlorination are available at the health department or on the website [www.darkecountyhealth.org](http://www.darkecountyhealth.org). However, all of the chlorine must be flushed from the system before we take a sample. If there is a presence of chlorine in the water when we show up, a reinspection fee of \$60 must be paid prior to scheduling another water sample.
- If the well is below-grade in a concrete pit, it may need to be brought above-grade and the pit abandoned. A well alteration permit is required for this work. The 2024 well alteration permit fee is \$353.15.
- The property must have access to a county tile or stream that flows year round. If this is not found on the property, legally recorded easements/affidavits are required for each property that the tile crosses until it ties into a stream or county tile. Examples of these documents are available at the Health Department but should be prepared by a lawyer.
- In order to be on the Planning Commission agenda, property owner must see Curtis Yount, Zoning Inspector and Planning Commission secretary, at 520 S. Broadway, Greenville, OH, (937)547-7381.
- **Site Review occurs the Friday a week before the Planning Commission meeting. All paperwork and final inspections should be done at this time with survey submitted to be considered as going to Planning Commission.**

**NOTE:** If the land split is for building lot approval, a site evaluation application still must be completed in order for the lot to be considered approved by the Health Department for building. This application requires the submission of soil test results for primary and replacement septic system areas.

Requirements for land split approval (please review flow chart if necessary):

- \_\_\_ 1. Satisfactory inspection of home sewage treatment system (see attached inspection form)
- \_\_\_ 2. Satisfactory water sample tested for total coliform bacteria (see attached inspection form)
- \_\_\_ 3. Soil testing for replacement septic area
- \_\_\_ 4. An unzoned township approval letter (if required); attached to this application



\_\_\_5. All necessary affidavit and/or easements recorded and submitted to the Health Dept. Any affidavits submitted must be recorded easements after land split approval and submitted to the Health Department.

\_\_\_6. A copy of the mylar submitted to the Health Dept prior to Planning Commission meeting.

In addition to Planning Commission requirements, the following items the must be included on the mylar/plat in order to obtain Health Department approval:

- ❖ Location of primary septic system
- ❖ Location of backup septic system area
- ❖ Location of the well
- ❖ Site Map
- ❖ Drainage (curtain and/or sewer) easements- 30 foot in width
- ❖ Location of county tile/ ditch/ stream
- ❖ Engineer’s and Zoning inspector’s (if zoned township) signatures

**List of Pumpers**

|                                 |                  |              |             |
|---------------------------------|------------------|--------------|-------------|
| Alexander Sewer & Drain         | Casstown, OH     | 937-985-0068 | 2500 gallon |
| Barnes Sewer & Septic           | Winchester, IN   | 765-584-7295 | 1500 gallon |
| Bob’s Excavating                | Ludlow Falls, OH | 937-698-4694 | 2300 gallon |
| Booso’s Septic Cleaning         | Lewisburg, OH    | 937-962-4435 | 1500 gallon |
| Cooper’s Sanitary Service       | West Milton, OH  | 937-698-6200 | 2000 gallon |
| Crowell Plumbing                | Eaton, OH        | 937-456-4951 | 1200 gallon |
| D & H Construction              | Bradford, OH     | 937-448-8071 | 1500 gallon |
| Frantz Septic Cleaning          | Bradford, OH     | 937-448-2138 | 2000 gallon |
| Frech’s Cleaning Service        | New Madison, OH  | 937-996-1615 | 2500 gallon |
| Mike’s Sanitation               | New Bremen, OH   | 419-629-3695 | 5000 gallon |
| Porta Kleen Industrial Services | Lancaster, OH    | 740-689-1886 | 1500 gallon |
| Prime Pumping Services          | Camden, OH       | 937-553-7400 | 2000 gallon |
| Roto Rooter                     | Dayton, OH       | 937-496-3975 | 3150 gallon |



## APPLICATION FOR LAND SPLIT EVALUATION

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Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you like to receive your evaluation report?    Mail                      Fax                      Email

### LOCATION OF REQUESTED EVALUATION

Current Owner's Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ Township \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Directions to property :

\_\_\_\_\_  
\_\_\_\_\_

Is the existing and proposed property in a flood plain? \_\_\_\_\_

Is the home occupied or vacant? \_\_\_\_\_ If vacant, how long? \_\_\_\_\_

When was the home built? \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Total acreage of property proposed for land split: \_\_\_\_\_

**The location and area of the septic system and/or replacement area is dependent on the soil evaluation and site of the home.**

Amount of acreage to be subdivided with buildings/home: \_\_\_\_\_

Number of wells on property: \_\_\_\_\_ Number of cisterns on property: \_\_\_\_\_

Name of Land Surveyor: \_\_\_\_\_ Phone number: \_\_\_\_\_



Name of county ditch/tile/stream for curtain and/or sewer drain to outlet to:

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Drainage easements to be obtained/already obtained from the following property owners (easements are needed all the way to the county ditch, if this includes the property being surveyed off, an affidavit will be needed stating that an easement will be given upon the sale of the property):

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The following must be submitted (if available):

- Deed
- Property Affidavits
- Easements

**ADDITIONAL WATER TESTING**

I would like the following **additional** parameters tested (we will not take for Lead):

OTHER: \_\_\_\_\_ LABORATORY FEE: \_\_\_\_\_

OTHER: \_\_\_\_\_ LABORATORY FEE: \_\_\_\_\_

OTHER: \_\_\_\_\_ LABORATORY FEE: \_\_\_\_\_

**ADDITIONAL WATER TESTING TOTAL:** \_\_\_\_\_

The sanitarian’s opinion of the system may be rendered without knowledge of some of the individual parts of the home sewage treatment and water systems and applies only to the date and time the opinion is made. Therefore, the opinion does not guarantee the future performance of these systems.

The owner/applicant agrees to the requirements of the special service inspection and understands that upgrades may be required if deemed appropriate by the Health Department. The applicant also understands that the system will be placed under the Operational Permitting Program of the Darke County Health Department. Please see Operational Permit Pamphlet for additional information regarding this program.



The applicant understands the water system rules require the water system to be flushed for a minimum of 10 minutes prior to taking the water sample. A faucet or spigot must be turned on to take the sample. The applicant is responsible for ensuring that the water faucet/ spigot are in good condition and turned off to their satisfaction upon leaving. The Health Department is not responsible for faulty faucets or drains.

If the pre-screen is positive, a laboratory sample for nitrates will be collected and you will be subsequently billed the collection fee for nitrates: \$22.25. If for any reason the appointment needs to be cancelled or rescheduled, you must call at least 24 hours prior to the originally scheduled appointment.

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Homeowner or legal representative** \_\_\_\_\_ **Date** \_\_\_\_\_

**2024 Fee: \$588.50 (\$435.00 sewage + \$153.50 water)**



**FOR OFFICE USE ONLY**

**Driver's License #:** \_\_\_\_\_

**HSTS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**1st WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Appointment Date & Time:** \_\_\_\_\_

**HSTS EVALUATION**

**Date:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_

**Date Pumped** \_\_\_\_\_ **Pumper:** \_\_\_\_\_ **# Gallons:** \_\_\_\_\_

**Corrections Needed?** NONE YES: \_\_\_\_\_

**Date Re-Inspected:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Under O & M?** Yes No **O & M Permit #** \_\_\_\_\_ **Month:** \_\_\_\_\_

**Easement required?** Yes No **Replacement area ok?** Yes No

**Soil Testing Required?** Yes No **Alteration required?** Yes No

**Installer:** \_\_\_\_\_ **Est. Cost:** \_\_\_\_\_

**Permit requirements (sizing, etc.):** \_\_\_\_\_





## WATER SYSTEM EVALUATION

| Location                           | Inspector   | Date  | AR#         | Results |              |
|------------------------------------|-------------|-------|-------------|---------|--------------|
| 1 <sup>st</sup> Sample: _____      | _____       | _____ | _____       | _____   |              |
| 2 <sup>nd</sup> Sample: _____      | _____       | _____ | _____       | _____   |              |
| *Will need enhanced disinfection   |             |       |             |         |              |
| 3 <sup>rd</sup> Sample: _____      | _____       | _____ | _____       | _____   |              |
| Type of well:                      | Above grade | Pit   | Buried Seal | Dug     | Other: _____ |
| Condition of well:                 | _____       |       |             |         |              |
| Additional Results/Comments:       | _____       |       |             |         |              |
| Additional wells/cisterns checked: | _____       |       |             |         |              |