



Public Health
Prevent. Promote. Protect.

Pike County General Health District

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Environmental Health Division

116 S. Market Street

Waverly, Ohio 45690

Phone 740-947-7721 Fax 740-947-1109

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HOUSEHOLD SEWAGE DISPOSAL SYSTEM ON-SITE EVALUATION APPLICATION

*****THIS IS NOT A PERMIT*****

Things you will need to provide with this application:

- Plat Map
- Deed with description
- Someone to dig two test holes 4' deep at time of inspection.

Owner/Applicant: _____

Telephone: _____ Cell: _____ Email: _____

Mailing Address: _____

Location of Site: _____

Number of bedrooms: _____ Acres: _____ Twp. _____ Lot #: _____

- Is the property in the 100 year floodplain or a flood way? Will this be a new construction? () Yes () No
- Will there be a basement w/bath or laundry? () Yes () No
- Is there a well or will be on the property? () Yes () No
- Will geothermal be used on the property? () Yes () No
- Have the buried utility lines been marked? () Yes () No

How would you prefer to receive the soil results? () Email () Postal Service

I agree to allow representatives of the Pike County General Health District access to the described parcel to perform necessary soil tests. I understand that this is not a permit and in no way guarantees that a septic can be installed on this property. I understand that if any information submitted on this form is inaccurate, the permit will not be issued or if it has been issued, it will then be considered void. I am responsible for ensuring all utility lines are marked prior to any excavation. I also understand that excavating any area deems that area unusable for septic. I agree that is on-site is nonrefundable and expires one year from the below date.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

INITIALS	ITEM
	PLAT MAP SUBMITTED
	DEED SUBMITTED
	AERIAL OF PARCEL
	VARIANCE FROM BOARD OF HEALTH (IF REQUIRED)

- New
- Replacement
- Alteration
- NPDES

LHD Use:
Fee: \$100.00
Date: _____
Receipt: _____
Initials: _____