



**Public Health**  
Prevent. Promote. Protect.

**Pike County General Health District**

# Pike County General Health District

## Environmental Health Division

116 S. Market Street

Waverly, Ohio 45690

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### HOUSEHOLD SEWAGE DISPOSAL SYSTEM SITE/SOIL EVALUATION APPLICATION

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

Things you will need with this application:

- Plat Map
- Deed with description

Owner/Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

Location of Site: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Acres: \_\_\_\_\_ Twp. \_\_\_\_\_ Lot #: \_\_\_\_\_

Do you want PCGHD to conduct the soil inspection (\$150.00) or will you be using a soil scientist?

- Yes I want PCGHD to conduct the inspection
- No I will use a soil scientist.

Is the property in the 100 year floodplain or a flood way?

- Yes  No

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:  
Date: \_\_\_\_\_  
Receipt: \_\_\_\_\_  
Initials: \_\_\_\_\_