

TRUMBULL COUNTY COMBINED HEALTH DISTRICT
176 Chestnut Avenue N.E., Warren, Ohio 44483
(330) 675-2489 * (330) 675-2494 FAX * www.tcchd.org

APPLICATION FOR
EXISTING SEWAGE TREATMENT SYSTEM EVALUATION

Owner's Name (Printed): _____ Date: _____

Signature: _____ Owner's Phone #: _____

At this time, I wish to make application for health department approval of the following checked item(s) located at _____, Township _____.

Directions to Site: _____

Mailing Address: _____

The reason for this request: *(Please check box 1, 2, 3, 4, 5, 6, or 7)*

- 1) **ADDITION OF 1 OR MORE BEDROOMS TO EXISTING STRUCTURE
OR REPLACEMENT IN KIND OF MOBILE HOME,
OR REPLACEMENT OF MOBILE HOME WITH MOBILE HOME CONTAINING 1 OR MORE BEDROOMS,
OR REPLACEMENT OF A MOBILE HOME WITH A FRAME STRUCTURE AND/OR MODULAR HOME,**

Evaluation Fee of \$300 (if **currently** registered under O&M as a Level 3 or 4 only, no fee)

_____ Application & Detailed site plan with distance to well and existing septic to new addition

_____ Floor Plan of Old & New Dwelling/Addition

_____ Evaluation of existing septic required

_____ If approved, Permission to Use issued from Sanitarian

_____ If disapproved, Permit to Install required, Conceptual approval letter for Building Dept.

- 2) **ALL OTHER HOME OR ATTACHED AUXILLARY ADDITIONS SHALL DEMONSTRATE THAT THE PROPOSED ADDITION CAN MAINTAIN THE PROPER HORIZONTAL SEPARATION DISTANCE FROM THE SEPTIC SYSTEM AND PRIVATE WATER SYSTEM.**

Type of addition proposed _____

_____ Drawing required of old & new addition

_____ Site plan showing required distances of 10' from septic and 10' from well

_____ Septic evaluation will not be required, letter to homeowner

- 3) **BATHROOM ADDITION OR CHANGE IN KIND**

Drawing of Interior Plumbing

_____ Plumbing Permit Issued

_____ To Plumbing Inspector for Inspection

4) VACANT LOT EVALUATION – SYSTEM PREVIOUSLY APPROVED BY BOARD

Alteration Application Required

Check what we have on record, if not in file the following is required:

- | | |
|---|--|
| <input type="checkbox"/> Floor plan | <input type="checkbox"/> Application for Alteration Permit |
| <input type="checkbox"/> Deed | <input type="checkbox"/> Detailed Plot Plan |
| <input type="checkbox"/> Tax Map, GIS or Surveyor Map | <input type="checkbox"/> Staking drawing from installer |
| | <input type="checkbox"/> Alteration Permit to Install & \$335.00 fee |

5) VACANT LOT EVALUATION – SYSTEM NOT PREVIOUSLY APPROVED BY BOARD

\$300.00 Evaluation Fee-Treat as New Construction

- | | |
|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Copy of Recorded Deed |
| <input type="checkbox"/> Soil Evaluation | <input type="checkbox"/> Tax Map, GIS or Surveyor's Map |
| <input type="checkbox"/> Floor Plan of Dwelling | <input type="checkbox"/> File to Sanitarian for Preliminary Specification |

6) NATURAL ACTS – RECONSTRUCTION BY ORIGINAL OWNER

\$300.00 Evaluation Fee - EXISTING SYSTEM WILL BE INSPECTED BY SANITARIAN

Will temporary housing be brought onto property while home is being rebuilt?

- no: complete section (a) only*** ***yes: complete sections (a) and (b)***

(a) Inspection of existing system shall be required

- | | |
|---|---|
| <input type="checkbox"/> Application & detailed drawing | <input type="checkbox"/> Permission to use existing system approved |
| <input type="checkbox"/> Floor plan of replacement home | <input type="checkbox"/> by Sanitarian |
| <input type="checkbox"/> Copy of the deed | <input type="checkbox"/> If system disapproved, requirement of repair/upgrade |

(b) Inspection of existing system shall be required for temporary housing

- Variance application & fee of \$50 required
- Evaluation of existing septic system before being placed on Board agenda must occur
- Letter from governmental agency (Twp., City, Village) granting permission for temporary installation of a structure on the property and occupancy (This does not mean a zoning permit)
- Name(s) of all occupants of temporary structure
- Duration of time for variance for removal of temporary housing
- If the existing septic system is found to be failing, a Temporary Fix will be required.

7) NATURAL ACTS – RECONSTRUCTION BY SUBSEQUENT OWNER Will be inspected by Sanitarian

Treat as New Construction & All Required Paperwork must be submitted (See #5)

- File to Sanitarian for Preliminary Specification Form Issuance