



Property Improvement Program (P.I.P.)

Inspection Fee: \$50.00 (Subject To Change)

A Property Improvement Program is required for property owners in Wood County with private water systems (PWS) and/or household sewage treatment systems (HSTS) as changes are made to their properties.

Applicant Information	
Property Owner:	Phone:
Mailing Address:	City/State/Zip:
Property Address:	City/Zip:
Email:	Township:
Contractor/Builder Information	
Name:	Phone:
Mailing Address:	City/State/Zip:
Email:	
Project Improvement Description	
Include Dimensions of Addition and/or Outbuilding **Attach a copy of the site plan or use the space provided on the back side of this form	

I certify that, to the best of my knowledge, the information submitted with this application is correct and I agree to any necessary repairs to properly maintain the HSTS as per OAC 3701-29 and PWS as per OAC 3107-28. I agree to allow a representative of the Wood County Health Department to conduct an inspection of the HSTS and PWS to ensure they are in compliance with OAC 3701-29 and 3701-28.

Applicant Signature _____

Date _____

Process To Obtain Approval For Property Improvements:

- 1) Complete this application and submit it to the WCHD along with the appropriate fee(s).
- 2) Provide the health department with a site plan outlining the exact location and dimensions of the proposed new construction as well as the proximity to your well and/or septic system. (Space has been provided on the back of this application for your convenience.)
- 3) Contact WCHD to schedule an appointment with the inspector to evaluate your proposed site plan. **The location of the septic tank and distribution box must be accessible and exposed prior to the site inspection.** This department may have a record of your septic system on file to assist you. The location of the well must also be confirmed. If this department does **not** have a record of your existing HSTS and/or PWS, you will be required to locate and expose these items prior to our inspection. Required upgrades will be mandated if missing components [ex. septic riser(s), baffle(s), damaged/missing distribution box etc.] or wells that are in violation of current code requirements [ex. too close to septic system, buried, located in a pit] are determined to exist during the time of the site inspection.
- 4) As a condition of this approval, the property will be placed in the HSTS Operation & Maintenance Program

OFFICE USE ONLY

Receipt No. _____
Blue File: Yes No

Fee Pd. _____ Initials _____
Approved By _____

Date _____
Date _____

Use space provided below or attach a drawing of the proposed project
(The Diagram Must Be Legible & Accurate To Be Approved)

It is the policy of the Wood County Health Department not to refund fees for permits once a site inspection has been made, or when work towards a permit has been incurred by this agency.

Upon approval of this permit, the Wood County Health Department will email the Wood County Building Inspection Department.