

Date:

Site Review #:

Amount Paid:

Sanitarian:

Sewage Treatment System (STS) Site Review Application

Receipt #:

HSTS

☐ SFOSTS

Initials:

Please check the ap				on/soils/d	esign/design r	eview are separate								
New Site Review \$1628.00 (Includes Soil/Design)	Replace Site Re \$478 (Includes Sc	eview 8.00	Soil Evaluation \$400.00		esign Plan by WCHD \$750.00	Design Review (design by 3rd party) \$250.00								
Sewage Treatment System will serve: Single Family Dwelling Two/Three Family Dwelling Commercial Building: Use of Building: # of Employees:# of Employees:														
	Complete tl	he following	information – F	Please pri	int legibly									
Owner / Applicant Information														
Name:			Date:											
Mailing Address:														
City:			State:		Zip Code:									
Phone #:														
Site Information (If applicable):														
Property is located of	on:	Crossroads:												
Parcel #:			Which side of the road is property located on? N S E W											
Proposed #	Basement:	Wate	r Supply:	Township:										
of Bedrooms:	Yes / No	Private Water												
 Once this form is completed and submitted, with the appropriate fee to WCHD, the person excavating the test hole and/or property owner will contact WCHD to schedule the site review and/or soil evaluation (419-354-2702). Once completed, Site Review, Soil Evaluation, & Sewage System Design are valid for a period of (5) years. Soil evaluations/septic designs may be transferable To obtain approval to build on a lot, a site review, soil evaluation, and design must be completed. 														
Builder Information:	(if applicable)													
Builder:				Phone:										
Mailing Address:		Email:												
I have completed this application to the best of my ability and agree to all terms and conditions on this application and that to the best of my knowledge, all the information provided with this application is factual. By signing this form, I am authorizing and requesting a site review and/or soil evaluation to be conducted on the abovenoted property.														
Signature:		Date:												
Site drawing must be completed on the back of this form. Be sure to include all the information required as listed to avoid delay in processing your application.														
*********OFFICE USE ONLY*******														

	North Directional																							
Overall lot dimensions																								
	All di							es an	d por	nds w	ithin	50 f	eet o	f pro	pose	d pro	perty	line						
	Propo					/ pon	d																	
	Locat																							
	Location of house, driveways and any other proposed buildings																							
	Existi																							
	Location of public drainage to be used (ditch, creek, public tile)																							
The	The corners of the lot and 4 corners of the proposed dwelling must be staked prior to inspection.																							
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