



Brown County
Health Department

826 Mt. Orab Pike
Georgetown, OH 45121

Harold L. Vermillion, MHS, A, R.S.
Health Commissioner

Hours of operation
8:00 am – 4:30 pm Monday - Friday

Our mission is to protect and improve the health of Brown County residents by providing preventive services, ensuring healthy environments and promoting healthy lifestyles.

Phone:	937-378-6892
Toll Free:	866-867-6892
Fax:	937-378-4301
Nursing Fax:	937-378-3632
Email:	health@browncountyhealth.org
Website:	www.browncountyhealth.org

Checklist for New Sewage Systems

- Have the soil tested by a Certified Soil Scientist to determine the type of system the lot will require. You will find a list of Certified Soil Scientists attached to this packet, or at www.ohiopedologist.org.
- A Designer or Licensed Septic Installer will need to design the system based on the soil test results. If you would like a list of currently registered Installers you may obtain one from our office.
- Submit the following items to our office:
 - Site Review Application (included in this packet), Soil Test Results, System Design, Property deed and tax map, Building Dept. Sheet and Floor plan (approved by the Building Department) of the proposed home.
 - *Please allow 7 to 15 business days for completion of the Site Review.*
- Property must be identified with a sign that has the owner's name or street number clearly posted.
- After the Site Review has been approved, you may apply for a Permit to Install New/Replacement System. Once you have received your Permit, you may begin work on the sewage system.
 - *Any work being completed on sewage systems must be done by a licensed septic installer. If the homeowner wishes to complete the work themselves, they are required to be licensed and bonded just as an installer would.*

Sewage Fees

<u>Fee Description</u>	<u>Local Fee</u>	<u>State Fee</u>	<u>Total</u>
Site Review HSTS/SFOSTS	\$300.00	N/A	\$300.00
Site Review GWRS	\$100.00	N/A	\$100.00
Permit to Install New/Replacement	\$350.00	\$74.00	\$424.00



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SITE REVIEW APPLICATION

Application #: _____

Applicant Name: _____

Phone number: _____

Property Owner Name: _____

Phone number: _____

(if different from Applicant Name)

Signature: _____

Property for review:			
Street Number:	Street Name:		
Lot # (if applicable):	City:	Zipcode:	
Township:		Parcel #:	
Report to be mailed to:			
Street Number:	Street Name:		
City:	State:	Zipcode:	

Number of Bedrooms _____ Number of Acres _____

Has the existing lot been recently split or resurveyed? Yes No

Will you be splitting or resurveying the existing lot? Yes No

Would you like to be present for the inspection? Yes No

If yes, the inspector will call the contact phone number for the applicant to schedule a day and time.
Please be aware that this may delay the inspection.

Please provide directions to the property: _____

*A re-inspection fee will be charged if the HSTS is found in a non-working condition or if the property is not properly identified.

*No refunds after inspection has been performed – an administrative fee of \$48.00 will be retained if refund is requested prior to inspection being performed.

*****Office Use Only*****

Type of Inspection Requested:

- | | | | |
|------------------------------------|-------------------------------|---------------------------------|-------------------------------|
| ___ New Construction / Replacement | <input type="checkbox"/> HSTS | <input type="checkbox"/> SFOSTS | <input type="checkbox"/> GWRS |
| ___ Home Replacement | <input type="checkbox"/> HSTS | <input type="checkbox"/> SFOSTS | <input type="checkbox"/> GWRS |
| ___ Repair / Alteration | <input type="checkbox"/> HSTS | <input type="checkbox"/> SFOSTS | <input type="checkbox"/> GWRS |
| ___ Loan (Buying or Selling) | <input type="checkbox"/> HSTS | <input type="checkbox"/> SFOSTS | <input type="checkbox"/> GWRS |

Date Received: _____

Receipt #: _____

Date Issued: _____

Soil Eval. Approved: _____

System Design Approved: _____

Date Expires: _____

Equal Opportunity Employer

Brown County Building Dept.

Name of Applicant: _____

Address/Location: _____

Township: _____ Date: _____

Board of Health Plumbing Requirements

Review: _____

Action: _____

Brown County Health Department Date

Board of Health Septic Requirements

Review: _____

Action: _____

Brown County Health Department Date

Planning Commission Hill Side Requirements

Review: _____

Action: _____

Amanda Brannock, Executive Secretary Date
Brown County Planning Commission

Planning Commission Drainage Plan Requirements

Review: _____

Action: _____

Amanda Brannock, Executive Secretary Date
Brown County Planning Commission

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- *CPSS—Certified Professional Soil Scientist
- *CPSC—Certified Professional Soil Classifier
- *CPESC—Certified Professional in Erosion and Sediment Control
- *PWS—Professional Wetland Scientist
- *CCA—Certified Crop Advisor

