



Brown County Health Department

826 Mt Orab Pike, Georgetown, OH 45121

www.browncountyhealth.org

Health Commissioner: Kyle D. Arn, MS, RS

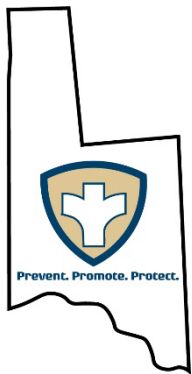
Our mission is to protect and improve the health of Brown County residents by providing preventive services, ensuring healthy environments and promoting healthy lifestyles.

PHONE: 937.378.6892 | TOLL FREE: 866.867.6892 | FAX: 937.378.4301 | MON-FRI 8AM - 4:30PM

Checklist for New Sewage Systems

- ☐ Have the soil tested by a Certified Soil Scientist. When the soil test is completed, you can submit the results to our office and the Environmental Specialist will give you a list of system types that can be used for your lot. You will find lists of Certified Soil Scientists at www.ohiopedologist.org or www.odh.ohio.gov.
- ☐ A Designer or Licensed Septic Installer will need to design the system based on the soil test results. A list of system designers has been included in this packet. If you would like a list of currently registered Installers, you may obtain one from our office or on our website.
- ☐ Submit the following items to our office:
 - Site Review Application (included in this packet), Property deed and tax map, Building Dept. Sheet and a copy of the soil test results and design.
 - *Applications will not be accepted without both the soil and design. Please have both when submitting your application.*
- ☐ 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, your septic installer may apply for a Permit to Install New/Replacement System. Once your septic installer has received the permit, work may begin 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.*

Application cost: \$300.00 (cash, check or money order)



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SITE REVIEW APPLICATION

Applicant Name: _____

Phone number: _____

Property Owner Name: _____

Phone number: _____

(if different from Applicant Name)

Signature: _____

<u>Property for review:</u>			
Street Number:		Street Name:	
Lot # (if applicable):		City:	Zipcode:
Township:		Parcel #:	
<u>Report to be mailed/emailed to:</u>			
Street Number:		Street Name:	
City:		State:	Zipcode:
Email to (if preferred):			

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, if inspector cannot access all components (see inspection requirements sheet), or if the property is not properly identified.

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

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

Type of Inspection Requested:

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

Receipt Date: _____

Application #: _____

Date Issued: _____

Receipt #: _____

Date Expires: _____

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
Brown County Planning Commission Date

Planning Commission Drainage Plan Requirements

Review: _____

Action: _____

Amanda Brannock, Executive Secretary
Brown County Planning Commission Date



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Septic System Designer List

Clear Creek Environmental
Dan Michael
903 North Broadway
Lebanon, OH 45036
(513) 934-1040

Star Septic
David Dumford
18251 Gauche Road
Fayetteville, OH 45118
513-334-9632

Areawide Septic
Perry Shoemaker
1170 Thorpe Road
Sabina, OH 45169
(937) 453-2656

McCarty Associates, LLC
Cody Beucler
213 North High Street
Hillsboro, OH 45133
(937) 393-9971

Robert Shannon
1737 Lindale Mount Holly Road
Amelia, OH 45102
(513) 797-4444

DC Engineering Consultin
Justin DeMint
114 North Pleasant Street
West Union, OH 45693
(937) 544-3112

ABC Engineering
Jason Little
P.O. Box 834
Washington CH, OH 43160
(740) 463-9446

DS2 Architects
Todd Cluxton
107 West Second Street
Maysville, KY 41056
937-690-9448