Property Improvement Application for Homes with Sewage Treatment Systems

Lorain County Public Health
For the Health of Us All

Lorain County Public Health (LCPH) must review and approve proposed changes or additions to properties with a sewage treatment system (STS). The purpose of the review process is to:

- Make sure that the changes will not impact the proper functioning of the STS
- Make sure that the STS is sized to handle any additional capacity
- Make sure that the STS is functioning properly prior to approval

By signing this application you agree to allow a representative of LCPH to access your property.

Section 1: Property Owner Information

Permanent Parcel #**:** _____

[ ] Property Owner Name: _____
Property Address: _____
City: _____ Township: _____ Zip Code: _____
Phone: _____ Email: _____

Signature of Property Owner: _____

[ ] Designated Agent's Name (*if different from above*): _____
Designated Agent's Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Designated Agent's Signature: _____

[ ] Please check which address above you would like correspondence to be sent.

Section 2: Proposed Property Changes / Additions

What type of change / addition is being proposed?

[ ] Patio/Deck [ ] Garage [ ] Shed / Outbuilding [ ] In Ground Pool [ ] Above Ground Pool

[ ] Geothermal [ ] Pond [ ] Home Addition (describe): _____

[ ] New Bedroom (s) Current # of bedrooms in home: _____ Proposed # of additional bedrooms: _____

[ ] Other (describe): _____

Size (dimensions) of proposed structure: _____

Mail application to address below

Section 3: Sewage Treatment System and Water Supply Information

Type of sewage treatment system:

- Tank Type: [ ] aeration [ ] septic [ ] unknown Size of tank (if known): _____
- Secondary Treatment: [ ] filter bed [ ] leaching tile field [ ] mound [ ] other:_____

Does the STS discharge off the property? [ ] Yes [ ] No [ ] I don't know.

Date of last septic tank pumping/cleaning: _____ Name of septic hauler company: _____

Date of last system servicing (if applicable): _____ Name of service company: _____

What is the water supply for the property? [ ] Private Water System (e.g. well) [ ] Public Water Supply

Section 4: Proposed layout/sketch

Please provide a sketch plan of the proposed changes / additions on the graph below, or on a separate sheet of paper. Show locations for: the house, driveway, existing STS, well (if applicable), proposed additions, utilities, etc.

LCPH Use Only

Staff Comments:

_____

_____

_____

_____

_____

_____

[ ] Approved [ ] Disapproved

Environmental Health Specialist's Signature: _____ Date: _____