



CARROLL COUNTY GENERAL HEALTH DISTRICT

APPLICATION FOR SEPTAGE DISPOSAL SITE REVIEW

OHIO ADMINISTRATIVE CODE (O.A.C.) 3701-29

SITE (Farm, Location, Address) _____

APPLICANT _____ DATE _____

COMPANY THAT WILL USE SITE _____ PHONE _____

COMPANY MAILING ADDRESS _____

OWNER OF THE DISPOSAL SITE _____ PHONE _____

MAILING ADDRESS OF THE OWNER _____

NUMBER OF ACRES ON THE SITE TO BE USED FOR SEPTAGE DISPOSAL _____

ANTICIPATED CROP FOR YEAR 2023/2024 [O.A.C. 3701-29-20(F)(2)] _____

MAXIMUM APPLICATION RATE IN GALLONS/ ACRE/ YEAR [O.A.C. 3701-29-20(F)(2)] _____

DESCRIBE THE METHODS TO BE USED FOR LAND APPLICATION OF SEPTAGE (INJECTION, SURFACE
SPREADING, ETC.) _____

HOW WILL YOU DISPOSE OF THE SEPTAGE DURING PERIODS OF INCLEMENT WEATHER?

I hereby submit this application for approval of a Septage Disposal Site. I have read and will conform to all applicable requirements of O.A.C. 3701-29. I am aware that issuance of a permit does not relieve me of the duty to comply with all applicable federal, state, and local laws, regulations, and ordinances.

SIGNATURE OF APPLICANT _____ DATE _____

I affirm that I am the owner or legal authorized representative of the owner of the site. I give my consent for the applicant to apply septage to this site in conformance with O.A.C. 3701-29. I further understand that the site will be inspected routinely by a representative of the Carroll County Board of Health. If I am the legal authorized representative of the owner I have attached a copy of the power of attorney.

SIGNATURE OF SITE OWNER(S) _____ DATE _____

PLEASE COMPLETE THE CHECK LIST ON PAGE TWO (2) TO HELP ENSURE THAT YOUR APPLICATION IS COMPLETE

HEALTH DEPARTMENT USE ONLY		FEE \$ _____
APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	REHS _____ DATE _____

**APPLICATION FOR SEPTAGE DISPOSAL SITE REVIEW CHECK LIST FOR
ALL REQUIRED SUPPORT DOCUMENTATION**

(APPROVAL FOR THE SITE CANNOT BE CONSIDERED UNTIL ALL DOCUMENTATION HAS BEEN RECEIVED)

- The application has been signed by both the applicant and the property owner.
- Written notification has been made to the township in which the septage site is located (Attach documentation)
- A 1:200 topographic map has been provided.
 - Shows the boundaries of the land area to which the septage will be applied.
 - Shows the boundaries of the entire parcel of land.
 - Shows roadways and structures within 500 feet of the site.
 - Shows the location of bodies of water, flowing streams, surface drainage ways, water wells and cisterns within 500 feet of the site.
 - Shows the location of known field tiles, tile outlets, and culverts within 500 feet of the site.
 - Shows the location of any 100-year flood plains.
- A soils map of all areas within 500 feet of the site has been included.
- The application fee for plan review has been submitted.

THE FOLLOWING MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF THE SITE APPROVAL

- Full description of the application method of septage for the site.
- The amount of Phosphorus in pounds per acre for the site.
- The amount of heavy metals found present in the soils of the site.
- The pH of the soil.
- Permeability rate of the upper 36 inches of soil.
- Test data for any water wells less than 300 feet from the site.
- Depth to bedrock.
- Depth to groundwater.
- Nutrient Management Plan.