Property Improvement Application for Homes With Sewage Treatment Systems



9880 S. Murray Ridge Rd. Elyria, OH 44035

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		
PP#:	-	
[] Property Owner Name:		
Property Address:		
City:	Township:	Zip Code:
Phone:		
Signature of Property Owner:		
Designated Agent's Name (if different Designated Agent's Address:		
City:		
Phone:		
Designated Agent's Signature:	ich address above you would like corr	
Section 2: Proposed Property Changes /	Additions	
What type of change / addition is being	proposed?	
[] Above Ground Pool [] In Ground	nd Pool [] Patio/Deck [] She	d /Outbuilding [] Garage
[] Home Addition (describe):		
[] New Bedroom (s) Number of bedr	ooms currently in the home:	
[] Other (describe):		
Size (dimensions) of proposed structure:		

Section 3: Sewage Treatment System and Water Supply Information		
Type of sewage treatment system:		
Primary Treatment: [] septic tank Size of tank (if known):		
 Secondary Treatment: [] filter bed [] leaching tile field [] mound system [] aeration system 		
[] other Does the STS discharge off your property? [] Yes [] No		
[] I don't know what type of STS is on the property.		
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 Sanitarian's Signature:_____

Date: _____