

ROSS COUNTY HEALTH DISTRICT LOT EVALUATION FORM

Address of Lot: _____ City: _____, Ohio Zip Code: _____

Owners Name: _____ Address: _____, Ohio _____

Phone Number:(_____) _____ - _____ Lot Size: _____ Parcel I.D. Number: _____

If developed, Number and Type of Buildings: _____

Year Dwelling Built: _____ Number of Bedrooms in the Dwelling: _____ Basement? Yes / No

Type of Water System: _____ If Private Water System, Year Installed: _____

Type of Sewage Disposal System: Municipal Sewer / On Lot System (Septic / Aeration / Other: _____)

Year Sewage System Installed/Altered: _____ Date Tank Last Pumped: _____ Utilities on Property: _____

I, as owner or agent for the above property, believe to the best of my knowledge, that the information provided above is true. I authorize representatives of the Ross County Health Department to conduct investigations of the property to ascertain the operational condition, maintenance needs and history, and compliance of the water system and sewage system with the Ohio Private Water System and Sewage Disposal System Rules and Regulations, as well as any Ross County Board of Health Resolutions/Ordinances pertaining to private water or sewage disposal systems serving the lot

Receipt# _____

Signature of Owner or Agent _____ Phone Number _____ Date _____

FOR SANITARIAN USE ONLY

SOIL PROFILE		ESTIMATING SOIL PERMEABILITY				% SLOPE
Horizon	Depth (Inches)	Texture		Structure		
		Class	Approx % Fragments	Grade	Type (Shape)	

Limiting Conditions	Depth to (in)	Descriptive Notes	Remarks/Risk Factors:
Perched Seasonal Water Table			
Apparent Water Table			
Highly Permeable Material			
Bedrock			
Restrictive Layer			

Tyler Table Calculations:

Sanitarian Comments: _____

LOT DIAGRAM

Inspection Date

Inspecting Sanitarian Signature