



City of Middletown Health Department  
Middletown, Ohio  
*A Connected and Healthy Community to Live, Work and Play*

City of Middletown Health Department  
Residential Addition – Sewage Treatment System Evaluation

Fee \$30.00

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address to be reviewed: \_\_\_\_\_

1. Lot Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. and/or \_\_\_\_\_ acres

2. Type of Existing Household Sewage Treatment System (HSTS):

\_\_\_\_\_ Septic Tank/Leaching \_\_\_\_\_ Aeration \_\_\_\_\_ Dry Well \_\_\_\_\_

3. Type Water Supply: \_\_\_\_\_ Public \_\_\_\_\_ Private (well, hauled water storage tank, etc.)

4. Type of Addition: \_\_\_\_\_ Bedroom(s) \_\_\_\_\_ Swimming Pool \_\_\_\_\_ Detached Garage \_\_\_\_\_

Other \_\_\_\_\_ Please Describe: \_\_\_\_\_

5. Existing No. of Bedrooms: \_\_\_\_\_

6. Dwelling Foundation: \_\_\_\_\_ Basement \_\_\_\_\_ Crawlspace \_\_\_\_\_ Slab \_\_\_\_\_

*Please be advised that insufficient HSTS replacement area may result in eliminating future use of a conventional soil absorption system.*

Signature of Applicant or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Drawing must be submitted with application

**HEALTH DEPARTMENT USE ONLY**

1. Existing sewage system location confirmed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. obvious nuisance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Comments: \_\_\_\_\_

Environmental Health Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

## Dwelling Reconfiguration – Property Addition

The following is pertinent to single family, duplex (two-family) or triplex (three-family) dwellings that utilize a household sewage treatment system (HSTS).

Dwelling Reconfiguration: Any dwelling which has been or will be demolished, or partly demolished, or any dwelling which the location of the structure will be moved. The general intent of the owner is to erect a newly designed, or relocation of a one, two or three family dwelling.

Property Addition – Including but not limited to room(s), deck(s), detached and attached garage(s), porch(es), retaining wall(s), auxiliary building(s) utilizing foundation(s) and or footers, hardscape(s) and in-ground or above ground swimming pools(s).

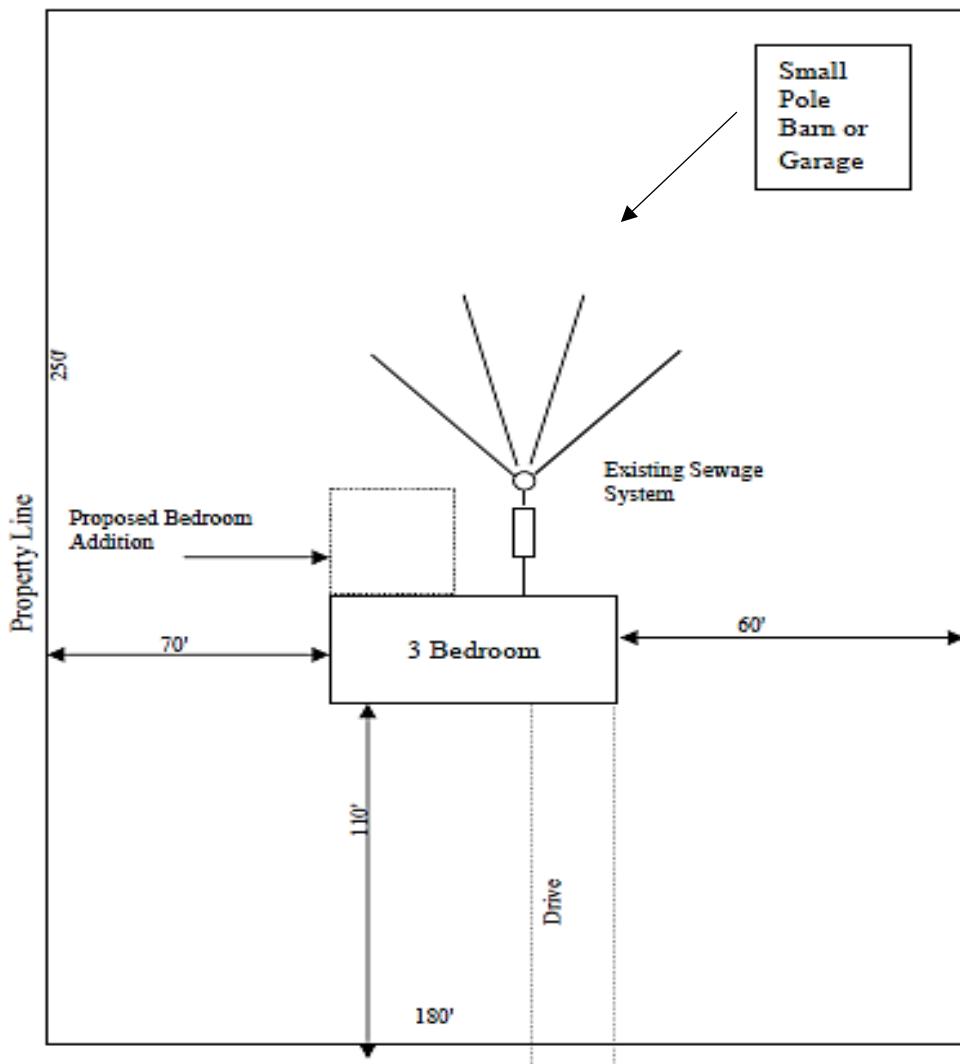
Purpose of inspection – To confirm the HSTS is in proper working order and not creating a public health nuisance. Confirm the reconfiguration and/or addition(s) will not interfere with the HSTS. Determine whether or not the HSTS can accommodate the addition. Assure the replacement area for the HSTS is not compromised.

Requirements: -Drawing must be submitted with the application and fee

- 1) All four corners of the addition must be staked off before an inspector arrives at the site.
- 2) Site Plan (8 1/2 x 11), this can be drawn by hand but must be to scale, containing the following:

- a) Owner's name, address and telephone number
- b) Scale
- c) North arrow
- d) Building Department application number (if known)
- e) Location of cistern or well if not connected to public water service
- f) Location of the house, driveway, barn, etc.
- g) HSTS location
- h) Proposed addition(s) to the property including dimension of each
- i) Distance between HSTS and proposed addition(s)

**Example Site Plan – Bedroom Addition**



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