MEDINA COUNTY HEALTH DEPARTMENT
Prevent. Promote. Protect.

ENVIRONMENTAL DIVISION
4800 LEDGEWOOD DRIVE ,
MEDINA, OHIO 44256
www.medinahealth.org
Direct Line (330) 723 -9523 Toll Free (888) 723 -9688 FAX (330) 723 -9650 env@medinahealth.org

Fee $50.00
Receipt # :
Date :
Clerk :

PROPERTY IMPROVEMENTS/AUXILIARY BUILDING APPLICATION

Property Information:

Address: _____

Township: _____ PPN: _____ Acreage: _____

Owner Information:

Name: _____ Phone: _____Email: _____

Address:_____

Contractor Information:

Name: _____ Phone: _____Email: _____

Is the residence connected to municipal water? ◯ Y ◯ N If applicable, type of private water system: _____

Proposed Project Type:

◯ **Home Addition/Remodel –** Addition to existing residence that increases the square footage but not the number of potential bedrooms.
◯ **Additional Property Features** - Garage, shed, accessory building without bedrooms, Pond, swimming pool, deck, etc.
◯ **Bedroom Addition** - a room that is designed or used as a sleeping room or any room that that could reasonably be used as or finished as a sleeping room.

Does the project involve interior plumbing? ◯ Yes ◯ No

Project Description: _____

_____

Please Allow 3 – 5 Days for Processing

◯The attached site plan includes the location of all sewage treatment system (including replacement area) and private water components and indicates their distances in feet to the proposed project. If the project includes indoor plumbing, please include a description of connection to the sewage treatment system and the type of pipe being used on the site plan.

By signing below, I/we acknowledge that to the best of my/our knowledge all the information provided with this application is factual. I/we also acknowledge that repairs or replacement of my/our sewage treatment system may be necessary.

_____ _____
Owner(s) Signature(s) Date

Health Department Use Only

◯ Approved ◯ Disapproved _____ _____
REHS/EHSIT Date

Plumbing permit secured? ◯ Yes ◯ No ◯ N/A
Sewage Treatment System Alteration Permit Required? ◯ Yes ◯ No Alteration Permit Secured? ◯ Yes ◯ No

Comments/Limitations:

_____
_____
_____

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HOUSEHOLD SEWAGE TREATMENT SYSTEM *AS-BUILT DRAWING*

Owner Name & Phone Number:

Property Address:

Installer Company Name:

Benchmark

The HSTS requires and operation and maintenance contract with a registered service provider for the life of the system.

The HSTS was installed in accordance with OAC Chapter 3701-29 and the approved plan.

Scale: _____

Scale to the house (not the lot) minimum 1"=30'

Show the North Directional Arrow.

Installer signature _____ *Date* _____

Copy Given to Owner? ☐ **Yes** ☐ **No**