



310 S. Main St. Bellefontaine, OH 43311
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Sewage System and Water Well Review for Building Approval Application

To prevent building too close to your sanitary facilities, all proposed construction requiring a building permit by the Logan County Building Authority (LCBA) must first be reviewed by the Logan County Health District (LCHD) when on properties where there may be private sewage systems or water wells.

Construction Site Address: _____

Type of Proposed Construction: _____ Township: _____

Applicant Name (please print): _____

Mailing Address: _____

Phone: _____ Email: _____

Applicant Signature: _____ Date: _____

Property Owner (if different than applicant): _____

Phone: _____ Email: _____

- 1. Does or will the property have only city sewer? Yes _____ No _____
- 2. Does or will the property have only city water? Yes _____ No _____

If you answered yes to both questions above, no further action is required for the LCHD. This form may be submitted to the Logan County Building Authority with your building permit application.

If you answered no to either question above, you must also provide the following information to the LCHD.

Year of Sewage System Installation: _____ Year of Water Well Installation: _____

Provide a survey diagram, scaled aerial photograph from the Logan County Auditor's website, or a legible, scaled drawing with a North arrow of the location of the proposed construction. Include all nearby existing structures such as houses, additions, garages, barns, stables, storage buildings, pools, decks and patios. Also include property lines, roadways and any rights-of-way or easements. Show any existing or proposed sewer lines or septic tanks and sewage systems (including the sewage replacement area), water lines and water wells. Indicate any streams, lakes, ponds, ditches, geothermal systems, and above or below ground storage tanks. Include the exact distances from the sanitary facilities (sewage system and/or well) to the proposed construction.

Applicant Comments: _____

Office Use Only	Review = \$25	Date Paid _____	Receipt _____
	Review + Site Visit = \$100	Date Paid _____	Receipt _____
_____/_____ Date Received/Initials	Plans submitted are: _____ APPROVED _____ DISAPPROVED		
_____ Plans Reviewer	_____ Date Reviewed	_____ Date Plans Returned/Discarded/Filed	