



Gallia County Sewage Application Packet Contents

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7. Registered Sewage Installers in Gallia County (In no particular order)

GCGHD

GALLIA COUNTY GENERAL HEALTH DISTRICT

GERALD E. VALLEE, M.D.
HEALTH COMMISSIONER/MEDICAL DIRECTOR



Public Health
Prevent. Promote. Protect.
Gallia County
Health Department

499 JACKSON PIKE, SUITE D, GALLIPOLIS, OHIO 45631-1398 • (740) 441-2018 • FAX (740) 441-2045 • gchd@galliahealth.org

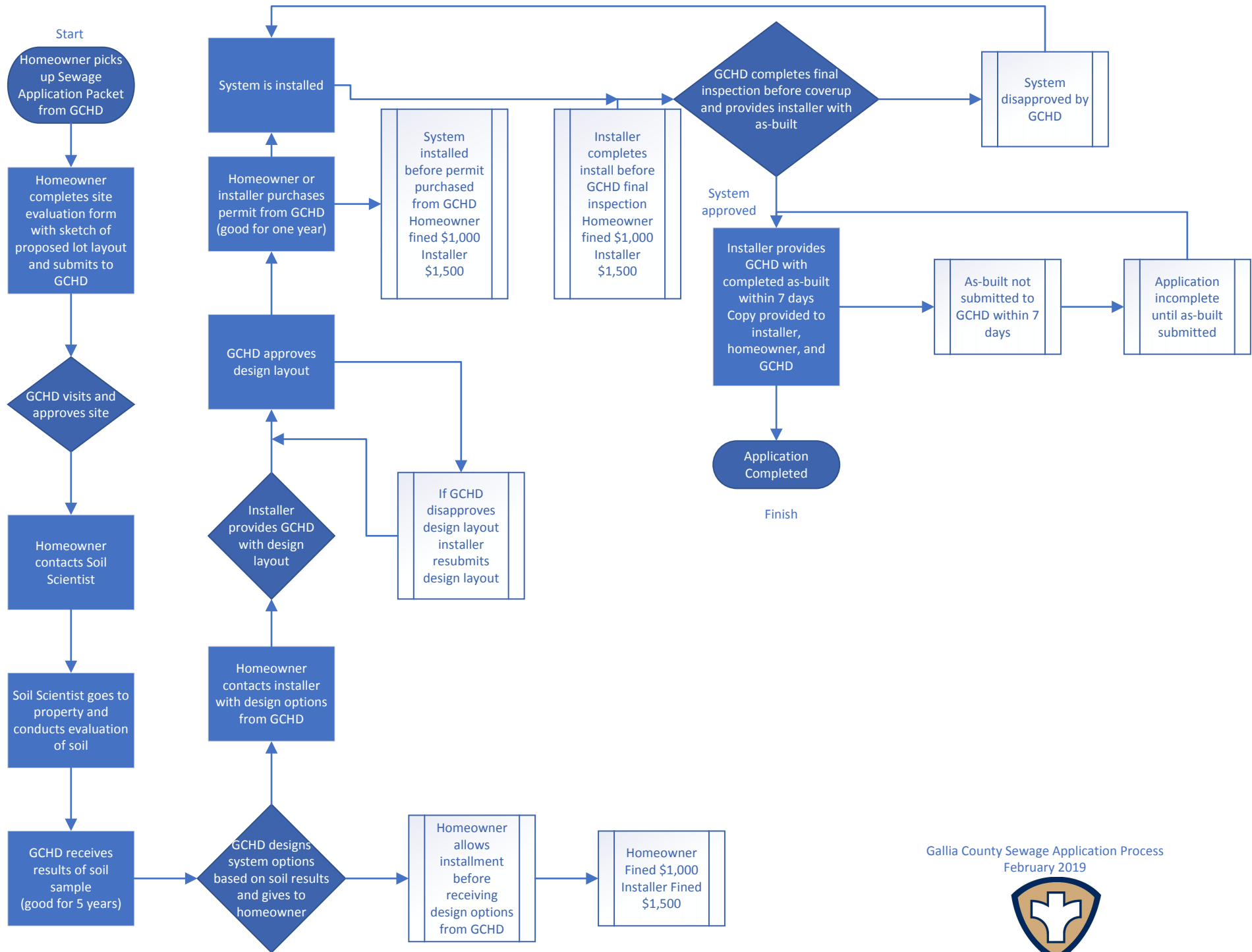
The Gallia County Health Department asks that each homeowner and installer complete the sewage application process in the steps below. A flow sheet can also be found in this packet for easier viewing. If these steps are not followed in proper order for completion the Owner is subject to a \$1,000 fine and the Installer subject to a \$1,500 fine.

Ohio Administrative Code 3701-29-02:

(E.) "No person shall discharge or permit to be discharged treated or untreated sewage, or other putrescible, impure, or offensive wastes into an abandoned water supply, on the surface of the ground, well, spring, or cistern, or into a natural or artificial well, sink hole, crevice, or other opening extending into limestone, sandstone, shale, or other rock formation, or normal ground water table."

Sewage Application Process

Task	Date Completed
1. Homeowner picks up sewage application packet from GCHD	
2. Homeowner completes site evaluation form and provides GCHD with sketch of proposed lot layout and submits to GCHD	
3. GCHD staff visits and approves site	
4. Homeowner contacts soil scientist (price varies)	
5. Soil scientist goes to property and conducts evaluation of soil	
6. GCHD receives results of soil sample	
7. GCHD designs system options based on soil results and gives to homeowner	
8. Homeowner contacts approved Gallia County installer with design options from GCHD	
9. Installer provides GCHD with design options	
10. GCHD approves design layout	
11. Homeowner or installer purchases permit from GCHD	
12. System is installed	
13. GCHD completes final inspection before system coverup and provides installer with as-built	
14. Installer provides GCHD with completed as-built within 7 days	
15. Application complete	



Gallia County Sewage Application Process
February 2019



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Gallia County Health Department Sewage Fees

Description of Fee	Fee Amount
Installation/Replacement Permit (Includes fee for GCHD staff to come to site for initial approval, system design options, design layout approval, permit to install, final inspection, and completed as-built)	\$909
Homeowner fine (if steps are not followed in proper order)	\$1,000
Installer fine (if steps are not followed in proper order)	\$1,500



Application# _____

SEWAGE SYSTEM SITE REVIEW APPLICATION

Property Address: _____ Township: _____

Name of Requestor: _____

Owner of Property and Mailing Address: _____

City/State/Zip: _____ Phone: _____

New/Existing: _____ Number of Bedrooms: _____ Bath in Basement: _____

Applicant Signature: _____

FOR HEALTH DEPARTMENT USE ONLY

The following items must be submitted, reviewed, and approved by this office to obtain a sewage treatment system installation permit. **NOTE:** The area designated for sewage treatment system installation must be protected from construction traffic, storage of materials, encroachment of any kind, or other potential site damages.

Initials Date

		The site has been inspected and approved.
		Soil evaluation by a certified soil scientist has been received.
		Design criteria has been sent to homeowner or installer.
		A layout/design plan has been submitted and approved.
		Certified copies of legally recorded easements are submitted, if required.
		Variance is approved by the Board of Health, if required.
		If NPDES system, obtain permit from EPA. Permit #
		System requirements have been reviewed with homeowner and homeowner has staked off the area set aside for sewage treatment system.

NEW REPLACEMENT ALTERATION NPDES

Comments: _____

Approved by: _____ Date: _____

Date Expires: _____

Is property in 100-year floodplain or floodway?	Yes:	No:
Has property been stripped or mined?	Yes:	No:
Number of acres or lot size?	Acres:	Lot size:

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Please sketch a proposed lot layout below.

Please include: Location of all roads and driveways

Location of homesite and all proposed buildings

Location of all utilities or proposed utilities and indicate if above or below ground (water, gas, electric, phone, cable, etc.)

Location of all waterways, ravines or proposed pool sites

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N

HSTS Soil Scientists and/or Approved Evaluators 9/2022

Name	Company	Phone	Address	Email				
Richard Griffin	Griffin Soil Investigations	740-273-2426	937 Laurel Ave., Zanesville, OH. 43701	rickgriffin@griffinsoilinvestigations.com				
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James Kerr		740-942-3196	47425 Unionvale Rd., Cadiz, OH. 43907					
Floyd McCleary	McCleary Soil Investigations, Inc.	330-393-7645	106 Eastwind Drive NE., Warren, OH. 44484	flomcclea@aol.com				
Steven Miller	Soil & Env. Consulting Services, Inc.	614-579-1164	1974 N. 3 Bs and K Rd., Sunbury, OH. 43074	soilconsultant@yahoo.com				
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Joe Ringler		419-606-8699	4945 Preston Rd., Shelby, OH. 44875	joeringler@yahoo.com				
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