







Gallia County Sewage Application Process  
February 2019



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

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:

# GCGHD

**GALLIA COUNTY GENERAL HEALTH DISTRICT**  
GLENN FISHER M.D.  
HEALTH COMMISSIONER/MEDICAL DIRECTOR



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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**

↑  
N

