

Delaware General Health District Division of Environmental Health

1 West Winter Street, 2nd Floor, P.O. Box 570, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

NPA/RPC Lot Split/Subdivision Review Checklist

I	RPC: O NPA: O RPC/NPA Reference Number:					
Date Received:	Property Owner:					
Applicant:				_		
Due a cuto. A delecció						
Property Address:						
	Indicates plan meets ODH & DGHD requirements	YES	NO*	N/A		
1) Survey drawing?	maicates plan meets obn & bonb requirements	ILS	140	IN/A		
2) Acreage? (Total and size of all lots)						
3) Reference scale (ex. :						
4) North arrow?	P					
5) Distance to the nearest intersection and any existing addresses are noted on plat?						
6) Existing or potential						
7) Building envelope sh						
<u> </u>	least 10' out of the Sewage Treatment Systems Areas (STS)?		1			
9) Lot lines have been s						
3) Lot lines have been s	takea of markea:					
10) All existing/propose	ed STS's & drinking water sources are shown?					
	ndicated? (i.e. Public water, Private water: wells, cisterns, ponds)					
	supply, is supply line shown to dwelling?					
,	er Supply, does it meet the private water rules?					
	tances are maintained for existing and proposed water supply and STS?		 			
All isolation dis	tances are maintained for existing and proposed water supply and 515:					
11) Existing and/or Prop	posed Easements Shown?					
	Utility/Collector Tile Easements 20'?					
	areas 10' from property lines and easements?					
	rom steep slopes or impoundments?					
	posed driveways shown and are at least 10' from STS					
	to dwelling and not crossing the STS					
17) Tree Lines/Wooded	Areas within 50' are shown?					
If STS is locate	d in wooded areas, is clear-cutting noted?					
18) Soil Delineations pe	er the Delaware County Soil Survey?					
19) Soil Delineations ma	apped by Soil Scientist?					
20) Soil Report supplied	1?					
	shown on plat with test hole numbers?					
•	limiting and restrictive layers for proposed STS?					
23) Loading rates provide	ded and coincides with soil scientist report and STS footprint?					
			•			
· ·	ontal reference point or benchmark has been identified?					
	ppropriate type of primary & secondary STS?					
26) Note regarding # of						
27) Acceptable STS foot	,		<u> </u>			
28) Topography in 1' int			1			
· · · · · · · · · · · · · · · · · · ·	cated in the 100 yr. floodplain?					
30) STS not located in a	•			1		
	osed lots split(s) does not violate the Ohio Administrative Code (OAC) Chapter 3701-29					
[32] Gradient/intercepto	or drain/collector tile shown to adequate outlet with appropriate permission?					

33) Note that a Designer plan needs to be approved prior to permitting?			
34) Sanitary Sewer Covenant statement provided?			
35) Means of access for O&M equipment for servicing?			
36) Remaining Acreage is noted? (If less than 5 acres, the lot will need to be reviewed)			
37) If an STS is to be located on a separate parcel, a legally recorded easement and description is provided?			
38) If designed for split drip, a letter from a drip designer has been provided?			
39) STS transports won't cross any easements			
39) If more than 24 lots, Board of Health approval required			
40) If RPC, a letter has been provided from the Sanitary Engineer regarding the feasibility of sewer?			

*if "No", corrections are needed

Plan review by:	Initial review date:
Field review by:	Field review date:
Additional Notes:	