

# GREENE COUNTY COMBINED HEALTH DISTRICT

360 Wilson Drive, Xenia, Ohio, 45385  
Phone#: (937)374-5600, Toll Free 1-866-858-3588 Fax#: (937)374-5675

## DOMESTIC SEPTAGE LAND APPLICATION

DATE \_\_\_\_\_

*Please read and fill out the form completely*

- **Registration Fee - \$300.00 Initial Application Fee  
\$150.00 Renewal Application Fee**
- Make Checks Payable to: Greene County Combined Health District (GCCHD)

Business Name \_\_\_\_\_

Operator Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Location of Site: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Application: \_\_\_\_\_

Type of Application Equipment Used: \_\_\_\_\_

Intended Use of the Disposal Site (example – Soybeans): \_\_\_\_\_

The following information must be submitted with this application:

1. Written permission from the property owner.
2. Location of any field tiles
3. Order two soil survey
4. Greene County Auditors GIS map
5. Scaled drawing indicating at a minimum: roadways, driveways, houses, barns or buildings; streams, ponds or drainage ways; wells, cisterns or springs, fence and property lines, location on property that is being used for land application.

I hereby agree, if approved, to comply with all the provisions of Chapter 3701-29 of the Ohio Administrative Code, and the land application requirements in 40 C.F.R. 503 as published on July 1, 2005 Code of Federal Regulations. I certify that the statements in this application are true and correct to the best of my knowledge and belief. If any part of this application is found to be false, my registration maybe suspended or revoked.

APPLICATION SHALL REMAIN VALID UNTIL DECEMBER 31  
UNLESS OTHERWISE SUSPENDED OR REVOKED.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

(SIGNATURE)

(Office Use Only)

DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_