

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: _____