



“Septic”

Date Submitted: _____

County Health Department Review for a **LOT SPLIT**

TO BE COMPLETED BY PROPERTY OWNER OR APPLICANT

This form is for the Department of Planning’s use as related to minimum lot requirements and land use and **DOES NOT** constitute formal approval/denial of a household sewage disposal system by the Health Department.

NOTE: Bring this form, current deed, tax map and/or survey map to the Health Department between 8:00 AM and 10:00 AM.

Name of Property Owner: _____

Township: _____

Address: _____

Permanent Parcel ID#: _____ - _____ - _____ - _____

Telephone Number: _____

Road parcel FRONTS: _____

Email of Above: _____

Are there buildings on the property? Y / N

Signature _____

Type of structures located on the lot being split:

TO BE COMPLETED BY COUNTY HEALTH DEPARTMENT SANITARIAN

Proposed Lot:

Frontage _____ ft.

Acreage _____

_____ **Does meet**

_____ **Conditionally meets** based on the attached requirements (e.g., easement needed for an existing system).

_____ **Does NOT meet** the County Health Department's minimum requirements.

Remaining Lot:

Frontage _____ ft.

Acreage _____

_____ **Does meet**

_____ **Conditionally meets** based on the attached requirements (e.g., easement needed for an existing system).

_____ **Does NOT meet** the County Health Department's minimum requirements.

NOTE: If either lot does NOT meet minimum requirements or is not suitable for installation of an approved household sewage disposal system and a variance has been issued by the County Board of Health, attach a letter signed by the Chief Administrator of the County Health Department indicating when and why the variance was issued including any comments or special conditions.

Please return this form to the Department of Community Services and Planning when completed.

Comments:

Signature of County Health Department Sanitarian: _____

Date: _____