



**AUGLAIZE COUNTY  
HEALTH DEPARTMENT**

*prevent. promote. protect.*

**Application for a Lot Split or Replat/Combination**

Applicant Name : \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Reason for Split : New Building Lot (  ) Existing House/Split (  ) No Home proposed (  )

Name of Subdivision: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

NOTE: If the lot split is being requested by the purchaser of the property and they wish to submit an "Application for Site Review" form with all required information to this office we can process the parcel as a building lot at that time.

A lot split evaluation for each proposed lot split will be conducted by the board of health to determine if the parcel can support the installation of an On-Lot Household Septic Disposal System. The board of health shall review the application, site and soil evaluation and conduct a field evaluation prior to approving the split. Any approval is tentative and is contingent upon the purchaser of the property making use of the parcel as noted in the site and soil evaluation.

**Please provide the following information with your lot split application**

1. Site and Soil evaluation performed by a certified professional soil scientist in accordance with OAC 3701-29-07. This evaluation will locate an area on the parcel that would be acceptable for the installation of an On-Lot Septic System.
- 2.) Provide a map or scaled drawing indicating all boundaries or proposed property lines of the proposed lot split.
- 3.) If a proposed split has a dwelling, buildings, a water well or septic system located upon the acreage to be split, a scaled drawing of their locations on the parcel must be submitted.

I authorize representatives of the Auglaize County Health Department to enter the property referenced above for the purpose of conducting a lot split evaluation.

Owner/Representative's Signature \_\_\_\_\_ Date: \_\_\_\_\_