



## Building Review for Sanitary Approval Application

Proposed new construction or additions to existing structures where there are private water wells and/or sewage systems require sanitary approval from the Logan County Health District. Proposed new or altered Private Water Systems (wells), Home Sewage Treatment Systems and/or Small Flow On-Site Sewage Treatment Systems will require applying for the appropriate health district permits.

Applicant (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Proposed Construction: \_\_\_\_\_

Construction Site Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Township: \_\_\_\_\_ Year of: Sewage System \_\_\_\_\_ Well \_\_\_\_\_

Provide a survey diagram, scaled aerial photograph from the Logan County Auditor's website, or a legible, scaled drawing of the location of the proposed structure. Include all nearby existing structures such as houses, additions, garages, barns, stables, storage buildings, pools, decks and patios. Include a North arrow, property lines, roadways and any right-of-way or easement. Also show any existing or proposed water wells, water lines, sewer lines or septic tanks and sewage systems (including sewage replacement areas). Indicate any streams, lakes, ponds, ditches, geothermal systems, and above or below ground storage tanks.

Applicant Comments: \_\_\_\_\_

<b>Office Use Only</b>	Review	\$25	Date Paid _____	Receipt _____
	Site Visit	\$75	Date Paid _____	Receipt _____
_____	Plans submitted are:		_____ APPROVED _____	DISAPPROVED
Date Received/Initials			_____ APPROVED WITH ADDENDUMS	
			_____ APPROVED WITH NOTES	
Plans Reviewer	Date Reviewed		Date Plans Returned/Discarded/Filed	
			_____ APPROVED WITH REVISION	

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