

470 S Sandusky St, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

## NPA/RPC Lot Split/Subdivision Review Checklist

	RPC: O NPA: O	RPC/NPA Reference Number:	_					
Date Received:	Property Owner:							
Applicant:		Number of Lots:			-			
Property Address:_								
	Indicates plan	meets ODH & DPHD requirements	YES	NO*	N/A			
1) Survey drawing?	•	·						
2) Acreage? (Total and size of all lots)								
3) Reference scale (	ex. 1"=50')?							
4) North arrow?								
5) Distance to the n	earest intersection and any exis	sting addresses are noted on plat?						
6) Existing or poten	tial building locations?							
7) Building envelope								
8) Building envelope	e at least 10' out of the Sewage	Treatment Systems Areas (STS)?						
9) Lot lines have be	en staked or marked?							
					•			
	posed STS's & drinking water so							
	• •	r, Private water: wells, cisterns, ponds)						
	ater supply, is supply line show							
	Nater Supply, does it meet the I							
All isolation	n distances are maintained for e	existing and proposed water supply and STS?						
				1				
	Proposed Easements Shown?							
	ge/Utility/Collector Tile Easeme							
	ent areas 10' from property line							
	50' from steep slopes or impour							
	proposed driveways shown and							
16) Utility Lines sho	wn to dwelling and not crossing	g the STS						
17) Tree Lines/Woo	ded Areas within 50' are shown	n?						
	cated in wooded areas, is clear							
18) Soil Delineation	s per the Delaware County Soil	Survey?						
19) Soil Delineation	s mapped by Soil Scientist?							
20) Soil Report supp	olied?							
21) Test hole location	ons shown on plat with test hol	e numbers?						
22) Sufficient depth	to limiting and restrictive layer	rs for proposed STS?						
23) Loading rates pr	rovided and coincides with soil	scientist report and STS footprint?						
24) A vertical and h	orizontal reference point or ber	nchmark has been identified?						
25) Plan views for the	he appropriate type of primary	& secondary STS?						
26) Note regarding # of bedrooms?								
27) Acceptable STS footprint provided?								
28) Topography in 1' intervals?								
29) Elevated STS not located in the 100 yr. floodplain?								
30) STS not located	<u> </u>							
31) Note that the pr	roposed lots split(s) does not vi-	olate the Ohio Administrative Code (OAC) Chapter 3701-29						
32) Gradient/interc	eptor drain/collector tile shown	n to adequate outlet with appropriate permission?						

33) Note that a Designer plan needs to be approved prior to permitting?			
34) Sanitary Sewer Covenant statement provided?			
35) Means of access for O&M equipment for servicing?			
36) Remaining Acreage is noted? (If less than 5 acres, the lot will need to be reviewed)			
37) If an STS is to be located on a separate parcel, a legally recorded easement and description is provided?			
38) If designed for split drip, a letter from a drip designer has been provided?			
39) If more than 5 lots, Board of Health approval required			
40) If RPC, a letter has been provided from the Sanitary Engineer regarding the feasibility of sewer?			

## \*if "No", corrections are needed

Plan review by:	Initial review date:		
Field review by:	Field review date:		
Additional Notes:			