

ASHLAND COUNTY HOUSEHOLD SEWAGE TREATMENT SYSTEM SITE REVIEW APPLICATION

APPLICANT'S NAME: _____	ADDRESS: _____
CITY: _____	STATE: _____ ZIP: _____ PHONE: () _____

PROPERTY OWNER'S NAME: _____	ADDRESS: _____
CITY: _____	STATE: _____ ZIP: _____ PHONE: () _____

SITE LOCATION: Township: _____	Section No: _____	Lot No: _____	Rd. No: _____
SITE ADDRESS: _____		CITY: _____ ZIP: _____	
(site address MUST be provided prior to obtaining sewage permit)			
DIRECTIONS FOR REACHING SITE LOCATION FROM ASHLAND: _____			

NUMBER OF BEDROOMS: _____	TYPE OF WATER SUPPLY: _____
PLEASE CHECK THE FOLLOWING ITEMS THAT APPLY:	
<input type="checkbox"/> NEW DWELLING	<input type="checkbox"/> BASEMENT TOILET
<input type="checkbox"/> EXISTING DWELLING	<input type="checkbox"/> BASEMENT SHOWER
<input type="checkbox"/> SINGLE FAMILY DWELLING (\$100.00 Fee)	<input type="checkbox"/> BASEMENT CLOTHES WASHER
<input type="checkbox"/> 2 or 3 FAMILY DWELLING (\$100.00 Fee)	<input type="checkbox"/> BASEMENT SINK

- **ATTACH A TAX MAP** FOR THE PROPOSED LOCATION (OBTAIN FROM THE TAX MAP OFFICE AT ASHLAND COUNTY COURTHOUSE)
- **MAKE A DRAWING** (EITHER ON THE BACK OF THIS APPLICATION OR ON THE TAX MAP COPY) INCLUDING ALL APPLICABLE ITEMS LISTED BELOW (DRAWING MUST BE NEAT AND ACCURATE):
 1. LOCATION OF DWELLING (Distance from property lines and road)
 2. LOCATION OF EXISTING/PROPOSED DRIVEWAY, GARAGE AND OTHER BUILDINGS
 3. LOCATION OF EXISTING/PROPOSED WATER SUPPLY SYSTEM AND SEWAGE SYSTEM (Including area for replacement of sewage disposal system)
 4. LOCATION OF ANY OTHER LAND MARKS THAT MAY AFFECT THE INSTALLATION OF THE PROPOSED SEWAGE DISPOSAL SYSTEM (North marker direction, Streams, Rivers, Ponds, Woods, Ditches, Ravines, Field Drainage Tile, Gas Lines, Electrical Lines, Easements, Etc.)

NOTE: Please stake out the corners of the proposed house and the location of the proposed sewage disposal system and water supply system. Bear in mind that the condition of the lot (presence of trees, crop cover and other overgrowth) and the weather (snow cover) during the Health Department review may make it more difficult to determine the suitability of the site for sewage disposal system installation.

THIS APPLICATION WILL NOT BE PROCESSED UNTIL ALL OF THE INFORMATION REQUIRED IS SUBMITTED TO THE HEALTH DEPT. ALONG WITH THE APPROPRIATE FEE. *Please make check payable to: ASHLAND HEALTH DEPT.

APPLICANT SIGNATURE	RECEIPT #	RECEIPT DATE	BY

THIS APPLICATION EXPIRES ONE (1) YEAR FROM DATE OF RECEIPT

THIS IS NOT A PERMIT