



**ASHLAND COUNTY - CITY HEALTH DEPARTMENT**

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Daniel R. Daugherty, M.D., Health Commissioner Al Sanders, B.S., R.S., Administrator  
Equal Opportunity Employer / Provider

**SITE REVIEW APPLICATION  
FOR A HOUSEHOLD SEWAGE TREATMENT SYSTEM**

APPLICANT'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SITE LOCATION: TOWNSHIP \_\_\_\_\_ SECTION NO. \_\_\_\_\_  
LOT/ PARCEL \_\_\_\_\_ ROAD NUMBER/NAME \_\_\_\_\_

DIRECTIONS FOR REACHING SITE FROM ASHLAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DWELLING/ STRUCTURE INFORMATION:  
NUMBER OF BEDROOMS \_\_\_\_\_ TYPE OF WATER SUPPLY \_\_\_\_\_

CHECK ALL ITEMS THAT APPLY:  
NEW DWELLING/STRUCTURE \_\_\_\_\_ EXISTING DWELLING/STRUCTURE \_\_\_\_\_  
SINGLE FAMILY \_\_\_\_\_ OR 2OR 3 FAMILY \_\_\_\_\_ DWELLING/STRUCTURE  
BASEMENT TOILET \_\_\_\_\_ SHOWER \_\_\_\_\_ SINK \_\_\_\_\_ WASHING MACHINE \_\_\_\_\_  
DESCRIBE ANY OTHER WASTEWATER SOURCES WHICH MAY CONTRIBUTE EXTRA VOLUME  
AND/ OR HIGHER STRENGTH WASTE( ie. spa tub, multi head showers, garbage disposal, home based  
business involving baking, cooking, or other sources of fats, oils, and greases)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS APPLICATION SHALL NOT BE PROCESSED UNTIL THE APPLICATION FEE (\$75.00), A  
COMPLETED SITE AND SOIL EVALUATION AND A DESIGN PLAN OR LAYOUT PLAN HAS BEEN  
SUBMITTED TO THIS DEPARTMENT.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

SITE AND SOIL EVALUATION RECEIVED: \_\_\_\_\_  
DESIGN PLAN OR LAYOUT PLAN RECEIVED: \_\_\_\_\_  
DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ BY \_\_\_\_\_

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

**NO SEWAGE TREATMENT SYSTEM INSTALLATION PERMIT SHALL BE ISSUED UNTIL THIS SITE  
REVIEW APPLICATION HAS BEEN REVIEWED AND APPROVED BY THIS DEPARTMENT.**