ASHLAND COUNTY HEALTH DEPARTMENT
1763 State Route 60 – Ashland, Ohio 44805
419-282-4337 – 419-282-4333 Fax
Environmental Health Division

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:

- ☐ NEW DWELLING
- ☐ EXISTING DWELLING
- ☐ SINGLE FAMILY DWELLING ($110.00 FEE)
- ☐ 2 OR 3 FAMILY DWELLING ($110.00 FEE)

- 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

Revised 06/2019