

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     \$110.00 Fee**

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

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: _____		Partial# _____	

NUMBER OF BEDROOMS: _____	TYPE OF WATER SUPPLY: _____
PLEASE CHECK THE FOLLOWING ITEMS THAT APPLY:	
<input type="checkbox"/> NEW DWELLING	<input type="checkbox"/> EXISTING DWELLING
<input type="checkbox"/> SINGLE FAMILY DWELLING	<input type="checkbox"/> 2 OR 3 FAMILY DWELLING

- 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 COUNTY HEALTH DEPARTMENT.

_____ APPLICANT SIGNATURE	_____ RECEIPT#	_____ RECEIPT DATE	_____ BY	
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THIS APPLICATION EXPIRES ONE (1) YEAR FROM DATE OF RECEIPT

**THIS IS NOT A PERMIT**