



Public Health
Prevent. Promote. Protect.
Ashland County Health Department

1211 Claremont Ave - 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: _____		Parcel# _____	

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 (Can be found on Auditor's Website)
- ATTACH COPIES OF SOILS REPORT & STS DESIGN
(Information below is included with design)
 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