

**Perry County Health Department
P.O. Box 230
212 South Main Street
New Lexington OH 43764**

Lot Split # _____
Date: _____
Fee: \$50.00 Rec # _____
Check # _____

Environmental Lot Split Assessment Form

Name _____

Mailing Address _____

Property Location Address:

Complete Address: _____

City _____ **Township** _____ **Zip** _____

Draft drawing of existing septic/water system:

Lot Split Approved by: _____ **Date** _____