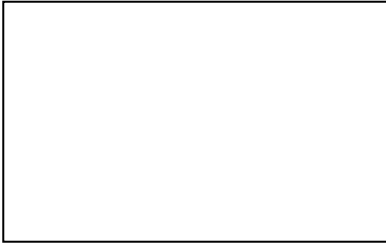


Audit Number

Application Number _____



Perry County Health Department

212 South Main Street St.-P.O. Box 230
New Lexington, Ohio 43764
Ph. 740-342-5179
Fax 740-342-5540
www.perryhealth.com

**The following items are required to accompany this application before a permit will be issued:*

1. A Perry County Registered Installer.
2. A Site Assessment done by a Certified Soil Scientist
3. A layout drawing for Septic System or Engineered Designed System.
4. An application fee of \$275.00 (checks payable to the above name).
5. Signature on application at the bottom of section one.

Section 1.

SEWAGE SYTEM PERMIT APPLICATION

Permit Type: New _____ Alteration _____ Repair _____

Name of Homeowner: _____ Mailing Address: _____ Phone: _____

Address of Job Site: _____ City: _____ Township _____ Sec. _____

Name of Installer: _____ Number of Bedrooms: _____ Acreage: _____

A site evaluation for this sewage system must be completed and a sewage system permit must be issued prior to construction of the system. Penalty for this installation prior to permit will be 25% of permit fee.

Permits are good from one (1) year from the date purchased. This fee is NON-REFUNDABLE

Applicant Signature: _____ Date: _____

Sanitarian Notes

Sanitarian's Name _____ Date of Site Investigation _____ Approve for Permit _____

When a septic system is approved, the Perry County Health Department cannot guarantee from their inspection that the system will continue to function as this is controlled by the absorption rate of the soil and the water table.

Signature of Inspector: _____ Final Inspection Date: _____

Signature of Inspector: _____ 18 Month Re-inspection Date: _____

Date of Application: _____ Cash: _____ Check: _____ Receipt #: _____ Received By: _____