

Perry County Health Department

212 South Main Street

P.O. Box 230

New Lexington, OH 43764

Phone: 740-342-5179 Fax: 740-342-5540

Home Sewage Treatment System Site Evaluation Application

** The following items are required to accompany this application:*

1. A copy of current, recorded plat map of the property
2. An engineer assigned address for the property
3. An application fee of \$125.00 (checks payable to the above name)

Name: _____	Property Owner:(if other than applicant) _____
Current Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone:() _____	Contact Number:() _____

PROPERTY INFORMATION:			
Location Address: _____			
City: _____	Township: _____	Zip: _____	Sec: _____
Amount of Useable Ground (in number of acres): _____			

PROPOSED BUILDING INFORMATION:	
Is there currently a dwelling located on the property?	_____
Is there an existing sewage disposal system a the site?	_____
Number of Bedrooms in/to be in the Dwelling?	_____
Will Does the structure have a basement with plumbing installed?	_____
Type of Water Supply? Well _____ Cistern _____ Public Water System _____ Other _____	

As an applicant, I declare the information provided is, to the best of my knowledge , true accurate: and understand <u>ALL FEES ARE NON-REFUNDABLE</u>	
Applicants Signature: _____	Date: _____

INSPECTING SANITARIAN'S CONCLUSION OF PROPOSED BUILDING SITE:	
Site is Suitable _____ Yes _____ No	If No, Reason _____
Other Extenuating Conditions for Installation: _____	
Inspecting Sanitarian: _____	Date: _____

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