

Perry County Health Department

212 South Main Street

P.O. Box 230

New Lexington, OH 43764

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

Small Flows On Site Septic Treatment 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 \$150.00 (checks payable to the above name)
4. A soil report from a CPSS or ARCPACS soil scientist.

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? _____

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
ALL FEES ARE NON-REFUNDABLE

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: _____