

**ASHTABULA COUNTY HEALTH DEPARTMENT  
12 WEST JEFFERSON STREET  
JEFFERSON, OHIO 44047  
PHONE: (440) 576-6010**

DATE: March 1, 2011  
TO: Licensed Septage Pumpers  
FROM: Ashtabula County Health Department  
RE: Renewal of Septage Application Sites

Enclosed is a septage application site renewal form which you must complete and return to our office with the appropriate fee by **April 1<sup>st</sup>**.

Our records show that you currently apply septage to approved land application site(s) in the Ashtabula County Health District. A \$100.00 fee for each approved septage application site under the direct control of each septage pumper must be remitted to the Ashtabula County Health Department.

Should questions arise pertaining to these septage regulations, contact our office.

Make checks payable to: **ASHTABULA COUNTY HEALTH DEPARTMENT**

A returned check fee will be charged by the Treasurer's Office per ORC Rule 321.48 for any returned checks.

**SEPTAGE APPLICATION SITE RENEWAL APPROVAL FORM**

Name of Applicator: \_\_\_\_\_

Address of Applicator: \_\_\_\_\_

Telephone Number of Applicator: \_\_\_\_\_

Specific location of septage application site: \_\_\_\_\_  
Township

Address location of site \_\_\_\_\_ Distance from nearest intersecting road \_\_\_\_\_

Name of Property Owner of Septage Application Site: \_\_\_\_\_  
PLEASE PRINT

Property Owner's Signature of Septage Application Site: \_\_\_\_\_

Address of Septage Application Site Owner: \_\_\_\_\_

Telephone Number of Site Owner: \_\_\_\_\_

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Date of Application: \_\_\_\_\_ Site Inspection # \_\_\_\_\_ Fee: \_\_\_\_\_ By: \_\_\_\_\_  
Check # \_\_\_\_\_ Rect # \_\_\_\_\_

Date of On-Site Inspection: \_\_\_\_\_ Sanitarian: \_\_\_\_\_

Site Appears Suitable: \_\_\_\_\_

Site Appears Unsuitable: \_\_\_\_\_

Comments: \_\_\_\_\_