

**POST 2006  
ASHTABULA COUNTY HEALTH DEPARTMENT  
SITE EVALUATION FOR HOUSEHOLD TREATMENT DISPOSAL SYSTEM**

**\*\*\*APPLICATIONS WILL ONLY BE TAKEN BETWEEN 8:00 & 10:00 A.M.**

You will need to present at time of application: (1) SURVEY MAP (a) showing proposed lot (supplied by the Surveyor); (b) copy of recorded lot for lots from 1997 to present (supplied by County Engineer's Office); or (c) tax map showing existing lot created prior to 1997 (supplied by Auditor's Office); (2) LEGAL SURVEY DESCRIPTION; (3) CURRENT OR NEWLY CREATED DEED (available at Recorders Office).

**NOTE: SITE APPLICATION FEES ARE NON-REFUNDABLE**

I (or we), \_\_\_\_\_, hereby apply for a permit to install, alter, extend or modify a household sewage treatment system for a \_\_\_\_\_ new or \_\_\_\_\_ existing \_\_\_\_\_ bedroom dwelling on property at the following location and with the following description:

Township: \_\_\_\_\_ Tax Parcel ID \_\_\_\_\_

Road \_\_\_\_\_ Which side? \_\_\_\_\_  
Distance from and name of nearest intersecting road being built on:

Lot number and Development name, if applicable: \_\_\_\_\_

Property owner's name: \_\_\_\_\_

Year lot created: \_\_\_\_\_ Total size of new lot: \_\_\_\_\_ Lot frontage: \_\_\_\_\_ ft. Lot depth: \_\_\_\_\_ ft.

If lot split is required: Residual lot \_\_\_\_\_ Lot frontage: \_\_\_\_\_ ft. Lot depth: \_\_\_\_\_ ft.

Does property involve a land contract? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, read land contract - lot of record form and complete procedures.

Other features on property that would help us locate it (driveways, etc):

Mark one (X): \_\_\_\_\_ wooded property \_\_\_\_\_ open field \_\_\_\_\_ other

When will stakes be up and test hole dug? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip

**THIS SEWAGE DISPOSAL SITE INSPECTION CONDUCTED ON OR AFTER JANUARY 1, 2012 BUT BEFORE JANUARY 1, 2013 EXPIRES ON DECEMBER 31, 2014**

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Date of application: \_\_\_\_\_ Site Inspection # \_\_\_\_\_ Fee \_\_\_\_\_ By \_\_\_\_\_

Date of on-site inspection: \_\_\_\_\_ Sanitarian \_\_\_\_\_

Soil type: \_\_\_\_\_ Limitation rating: \_\_\_\_\_

If severe, list reasons: \_\_\_\_\_

Mark (X) where appropriate:

Lot appears unsuitable because of: \_\_\_\_\_ Soil \_\_\_\_\_ Topography \_\_\_\_\_ Size \_\_\_\_\_

Other reasons \_\_\_\_\_