

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

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 1st**.

Our records show that you currently apply septage to approved land application site(s) in the Ashtabula County Health District. A **\$75.00** 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**

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: _____

Date of Application: _____ Site Inspection # _____ Fee: _____ By: _____
Check # _____ Rect # _____

Date of On-Site Inspection: _____ Sanitarian: _____

Site Appears Suitable: _____

Site Appears Unsuitable: _____

Comments: _____