

Request Number \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Receipt Number \_\_\_\_\_

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

SITE INSPECTION FOR USE OF EXISTING SEWAGE DISPOSAL SYSTEM

\*\*\* Applications will only be taken between 8 & 10 A.M. weekdays. All applications must be complete or they will not be processed by the Ashtabula County Health Department.

Property Owner's Name: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_  
Street Address City State Zip

Telephone Number of Property Owner: \_\_\_\_\_

Address & Location of Property involved with use of existing sewage disposal system:

(Address of Property)

(Township)

(Side of road)

(Distance from nearest road or intersection)

Total size of lot in acres: (Frontage) \_\_\_\_\_ (Depth) \_\_\_\_\_

Identify the type and size of existing sewage disposal system (e.g. 1500 gallon septic tank with 480' subsurface sandfilter). \_\_\_\_\_

- \* Describe in a letter exactly the type of home being placed on site to be served by the existing sewage disposal system which includes the number of bedrooms and whether the dwelling will have a study or office.
- \* Attach a floor plan of the proposed dwelling.
- \* Provide a detailed sketch of the property which identifies the location of the existing sewage disposal system, all existing buildings on the property and all water wells and ponds on the property.
- \* If known, identify the previous property owner(s).
- \* Ashtabula County Health Department Regulations require that a failing sewage disposal system must be replaced prior to this office giving approval to the building department and plumbing unit approval to proceed with a building addition.

Property owner signature \_\_\_\_\_ Date \_\_\_\_\_

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

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

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