

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 TREATMENT 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. The cost is \$150.00.
THIS SITE INSPECTION IS GOOD FOR 2 YEARS FROM DATE OF ISSUANCE.**

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 treatment 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 treatment 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 treatment 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 treatment 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 treatment 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: _____