



Ashtabula County Health Department  
12 West Jefferson St.  
Jefferson, OH 44047

Phone 440-576-6010 option 3  
FAX 440-576-5527

Request # \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Receipt # \_\_\_\_\_

**SITE INSPECTION FOR USE OF EXISTING SEWAGE TREATMENT SYSTEM**

**\*\*\* Applications accepted between 8 & 10 A.M. ONLY weekdays. All applications must be complete or they will not be processed by the Ashtabula County Health Department. The cost for a Site Inspection 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) \_\_\_\_\_ (Acres) \_\_\_\_\_

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

- \* 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. A Home Sewage Treatment System permit must be obtained 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 \_\_\_\_\_



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Additional items required for sewage treatment system permit issuance:

- \_\_\_\_\_ completed soils evaluation from certified soil scientist
- \_\_\_\_\_ home sewage treatment system design from home sewage treatment system designer
- \_\_\_\_\_ legal survey description
- \_\_\_\_\_ copy of recorded deed
- \_\_\_\_\_ site plan
- \_\_\_\_\_ zoning permit
- \_\_\_\_\_ written copy of street address from political subdivision for proposed house.
- \_\_\_\_\_ floor plans
- \_\_\_\_\_ easement
- \_\_\_\_\_ other: \_\_\_\_\_

Revised 05/14/2018

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