



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 # _____
 O&M Permit Needed? _____
 Plumbing Permit Needed? _____

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)

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

*Attach existing septic permit if available _____

- * 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.**

Applicant/Property Owner Signature _____ **Date** _____

R.E.H.S. _____ Date of on-site inspection _____

Approved _____ Disapproved _____ Additional Comments _____

Owner notified approval is ready and what they need to bring in with them? _____