Ashtabula County Health Department
12 West Jefferson
Jefferson, OH 44047
Phone: 440-576-6010 option 3
FAX: 440-576-5527

Date of App _____
SFOSTS Review # _____
Fee _____
Receipt # _____
Initials _____

SMALL FLOW ON-SITE SEWAGE TREATMENT SYSTEM (SFOSTS) SITE REVIEW

APPLICATIONS ACCEPTED BETWEEN 8:00 A.M. & 10:00 A.M. ONLY
Items required at time of application

(1) **Survey Map supplied** by one of the following:
   a. Survey drawings of proposed lot (new lot or lot split) from your surveyor or
   b. Survey map of existing lots dating back to 1997 from County Engineer's Office (576-2816) or
   c. Tax map of existing lots created prior to 1997 from Auditor's Office (576-3691)
(2) **Current or Newly Created Deed** available at Recorder's Office (576-3762)
(3) **If applicable, Legal Survey Description**

NOTE: SITE REVIEW FEES ARE NON-REFUNDABLE

Property owner's name: _____ Phone Number _____

I (or we), _____, hereby apply for a site review to install, alter, extend or modify a Small Flow On-Site Sewage Treatment System.

☐ New ☐ Replacement ☐ Alteration

Township: _____ Tax Parcel ID _____

Location Address _____ Which side of the road? _____

Property Owners Mailing Address: _____
Address City State Zip

Distance from and name of nearest intersecting road that the SFOSTS is being installed on:

_____

Other features on property that would help us locate it (driveways, etc.):

_____

Mark one (X): _____ wooded property _____ open field _____ other

When will design stakes be up? _____

Applicant's Signature: _____ Date: _____

Print Name: _____ Phone: _____

THIS SMALL FLOW ON-SITE SEWAGE TREATMENT SYSTEM SITE REVIEW IS GOOD FOR FIVE (5) YEARS FROM DATE OF ISSUANCE.

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

Note: _____

_____

Lot appears unsuitable because of: _____ Soil _____ Topography _____ Size _____

Other reasons _____

_____

Created 08/07/25