



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.

Input boxes for 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.

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

Note:

Lot appears unsuitable because of: Soil Topography Size

Other reasons