



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

Date of App \_\_\_\_\_  
 Site Evaluation # \_\_\_\_\_  
 Fee \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Initials \_\_\_\_\_

**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 APPLICATION FEES ARE NON-REFUNDABLE**

Property owner's name: \_\_\_\_\_ Phone Number \_\_\_\_\_

I (or we), \_\_\_\_\_, hereby apply for a site evaluation to install, alter, extend or modify a household sewage treatment system for a new, or existing \_\_\_\_\_ bedroom dwelling on a property at the following location and with the following description:

New  Replacement  Alteration  Lot Split

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 house is being built on:  
 \_\_\_\_\_

Lot number and Development name, if applicable: \_\_\_\_\_

Year lot created: \_\_\_\_\_ Total acreage of new lot: \_\_\_\_\_ Lot frontage: \_\_\_\_\_ ft. Lot depth: \_\_\_\_\_ ft.

If lot split is required: Residual lot (acreage) \_\_\_\_\_ Lot frontage: \_\_\_\_\_ ft. Lot depth: \_\_\_\_\_ ft.

Does property involve a land contract? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, read land contract - lot of record form and complete procedures.

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

Mark one (X): \_\_\_\_\_ wooded property \_\_\_\_\_ open field \_\_\_\_\_ other

When will house and property stakes be up? \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**THIS HOUSEHOLD SEWAGE TREATMENT SYSTEM SITE EVALUATION 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 \_\_\_\_\_



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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: \_\_\_\_\_