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.

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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: _____

Revised 10/18/23 (Back)