

ERIE COUNTY GENERAL HEALTH DISTRICT
420 Superior St. Sandusky OH 44870 (419) 626-5623
Application for Site Review
Household Sewage Treatment System

Property Owner _____
Applicant Name _____
Applicant Mailing Address _____
City _____ Zip _____ Phone Number _____
Cell _____ E-mail _____

Property Location: Tax ID # _____
Street Address or Lot Number _____
Township or Village _____
Directions _____

Lot Size: Frontage _____ Backline _____ Side _____ Side _____
Total Acreage _____
Primary Residence _____ Secondary Residence or Rental Unit _____
Single Family House _____ Duplex _____ Triplex _____
Total Number of Bedrooms _____

Water Supply: Public _____ Private _____

New Installation _____ Replacement _____ Alteration _____
Application Fee: \$200

I request a site review of the above for proposed installation of a household sewage treatment system. I certify that the information provided is correct and I understand that this is not a permit to install. Site review expires after one year. Submission of this application and fee does not guarantee approval for a household sewage treatment permit.

Signature _____ Date _____

OFFICE USE ONLY

Date of site review _____

Sanitarian _____

Application # _____

Application Fee Paid \$ _____ Receipt # _____

Septic Permit # _____ Audit # _____

Permit Receipt # _____