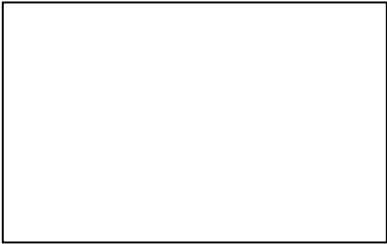


Audit Number

Application Number \_\_\_\_\_



# Perry County Health Department

409 Lincoln Park Drive-P.O. Box 230  
New Lexington, Ohio 43764  
Ph. 740-342-5179  
Fax 740-342-5540  
www.perrycountyhealth.info

***\*The following items are required to accompany this application before a permit will be issued:***

1. A Perry County Registered Installer.
2. A Site Assessment done by a Certified Soil Scientist.
3. A layout drawing for Septic System or Engineered Designed System.
4. An application fee of \$324.00 or \$135.00 for Alterations (checks payable to the above name).
5. Signature on application at the bottom of section one.

## Section 1.

### SEWAGE SYTEM PERMIT APPLICATION

Permit Type:  New/Replacement \$324.00  Alteration \$135.00

Name of Homeowner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Job Site: \_\_\_\_\_ City: \_\_\_\_\_ Township \_\_\_\_\_ Sec. \_\_\_\_\_

Name of Installer: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Acreage: \_\_\_\_\_

A site evaluation for this sewage system must be completed and a sewage system permit must be issued prior to construction of the system. Penalty for this installation prior to permit will be 25% of permit fee.

**\*Permits are good from one (1) year from the date purchased. This fee is NON-REFUNDABLE\***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sanitarian Notes

Sanitarian's Name \_\_\_\_\_ Date of Site Investigation \_\_\_\_\_ Approve for Permit \_\_\_\_\_

When a septic system is approved, the Perry Countyt Health Department cannot guarantee from their inspection that the system will continue to function as this is controlled by the absorption rate of the soil and the water table.

Signature of Inspector: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_ 12 Month Re-inspection Date: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Received By: \_\_\_\_\_