

**Perry County Health Department**

409 Lincoln Park Drive

P.O. Box 230

New Lexington, OH 43764

Phone: 740-342-5179 Fax: 740-342-5540

Small Flows On Site Septic Treatment Evaluation Application

*\* The following items are required to accompany this application:*

1. A copy of current, recorded plat map of the property
2. An engineer assigned address for the property
3. An application fee of \$150.00 (checks payable to the above name)
4. A soil report from a CPSS or ARCPACS soil scientist.

Name: \_\_\_\_\_ Property Owner:(if other than applicant) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Contact Number:( ) \_\_\_\_\_

**PROPERTY INFORMATION:**

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Township: \_\_\_\_\_ Zip: \_\_\_\_\_ Sec: \_\_\_\_\_

Amount of Useable Ground (in number of acres): \_\_\_\_\_

**PROPOSED BUILDING INFORMATION:**

Is there currently a dwelling located on the property? \_\_\_\_\_

Is there an existing sewage disposal system a the site? \_\_\_\_\_

Will Does the structure have a basement with plumbing installed? \_\_\_\_\_

Type of Water Supply? Well \_\_\_\_\_ Cistern \_\_\_\_\_ Public Water System \_\_\_\_\_ Other \_\_\_\_\_

As an applicant, I declare the information provided is, to the best of my knowledge , true accurate: and understand  
ALL FEES ARE NON-REFUNDABLE

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSPECTING SANITARIAN'S CONCLUSION OF PROPOSED BUILDING SITE:**

Site is Suitable \_\_\_\_\_ Yes \_\_\_\_\_ No If No, Reason \_\_\_\_\_

Other Extenuating Conditions for Installation: \_\_\_\_\_

Inspecting Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_

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