



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Perry County Health Department
409 Lincoln Park Drive
P.O. Box 230
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<http://perrycountyhealth.info>
P: (740) 342-5179 F: (740) 342-5540

***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 completed by a certified soil scientist.
3. A drawing for septic system or engineered designed system.
4. An application fee of **\$324.00** or **\$135.00 for alterations** (checks payable to Perry County Health Department)
5. Section 1 completed with applicant's signature.

Section 1

SEWAGE SYTEM PERMIT APPLICATION

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

Name of Homeowner: _____ Mailing Address: _____

Email: _____ 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 septic permit must be issued **prior** to construction of the system. Penalty for installation prior to permit will be 25% of permit fee.

Permits are valid for one (1) year from the date purchased. This fee is NON-REFUNDABLE.

Applicant's Signature: _____ Date: _____

Inspecting Sanitarian's Notes:

Sanitarian's Name _____ Date of Site Investigation _____ Approve for Permit _____
When a septic system is approved, the Perry County Health Department can not guarantee from their inspection that the system will continue to function. 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#: _____ Credit Card: _____ Receipt #: _____

Received By: _____