



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

Perry County Health Department
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Septic Permit Application

Septic Application # _____

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

- ☐ A Perry County registered installer.
- ☐ A site assessment completed by a certified soil scientist.
- ☐ A drawing for septic system or engineered designed system.
- ☐ An application fee of **\$286.00** or **\$217.00 for Alterations** (Cash, Check, Money Order, or Debit/Credit - 3% fee)
- ☐ Section 1 completed with applicant's signature

Section 1: Sewage System Permit Application Permit Type: ☐ New/Replacement \$286.00 ☐ Alteration \$217.00

Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Address of Job Site: _____ City: _____ Zip: _____

Township: _____ Sec#: _____ Number of Bedrooms: _____ Acreage: _____

Installer: _____ Phone: _____

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. When a septic system is approved, the Perry County Health Department cannot 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.

Applicant's Signature: _____ Date: _____

Environmental Health Specialist Notes: (Health Dept. Use Only)

REHS Name: _____ **Date of Site Inspection:** _____ **Approve for Permit: Y / N**

Signature of Inspector: _____ Final Inspection Date: _____
Signature of Inspector: _____ 12 Month Re-inspection Date: _____

Date of Application: _____ Cash: _____ Check#: _____ Credit Card: _____ Receipt #: _____
Received By: _____

OUR MISSION:

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.

