

Perry County Health Department 409 Lincoln Park Drive, PO Box 230 New Lexington, OH 43764 Ph. 740.342.5179 Fax: 740.342.5540

perrycountyhealth.info

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.

 \Box A site assessment completed by a certified soil scientist.

A drawing for septic system or engineered designed system.

An application fee of \$296.00 or \$226.00 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: D New/Replacement \$286.00 D Alteration \$226.00

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. <u>PENALTY for installation prior to permit will be 25% of permit fee.</u>

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: Da Signature of Inspector:		ate of Site Inspection:	Approve for Permit: Y / N	
		Final Inspection Date: 12 Month Re-inspection Date:		
Date of Application: Received By:	Cash: Check#:	Credit Card: Receipt #:		

Revised 12/31/2024



OUR MISSION:

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