

Site Review #: _____



Jackson County Health Department
200 East Main Street, Jackson, Ohio
45640

Phone (740) 286-5094

Fax (740) 286-8809

APPLICATION FOR SITE REVIEW
FOR SEWAGE TREATMENT SYSTEM
FEE - \$150

Applicant Name: _____

Email: _____ Phone Number: _____

Mailing Address: _____

Site Address/Parcel #: _____

Current Property Owner Name: _____

Township: _____ Section: _____ Subdivision & Lot #: _____

Directions to Site: _____

Lot Size (acres): _____ Type of Facility: _____

Type of Water Supply: _____

I understand that this site review does not constitute a permit-to-install a sewage treatment system. I understand that I must obtain a Permit to Install before my system can be installed. A Permit-to-Install can only be obtained AFTER a system design is approved.

Applicant's Signature: _____ Date: _____

HEALTH DEPT. USE ONLY BELOW

Date Paid: _____ Receipt #: _____ Expires: _____