

Site Review #: _____



**Jackson County Health Department
102 Twin Oaks Drive, Jackson, Ohio
45640**

Phone (740) 286-5094 Fax (740) 286-8809

**APPLICATION FOR SITE REVIEW FOR
SMALL FLOW ONSITE
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: _____

Please provide additional details such as # of employees, shifts, sites, etc. on the reverse.

Type of Water Supply: _____

I understand that this site evaluation does not constitute a permit to install a sewage treatment system. I understand that I must purchase a Permit to Install before my system can be installed.

Applicant's Signature: _____ Date: _____

HEALTH DEPT. USE ONLY BELOW

Date Paid: _____ Receipt #: _____ Expires: _____

Additional Information: _____

“Prior to accepting an application for a Permit to Install a new or replacement sewage treatment system, the board of health shall require a site review”. (OAC 3701-29-09)