



31927 State Route 93
McArthur, OH 45651

Phone: 740-596-0473
Fax: 740-596-5837

Application # SR- _____

SEWAGE SYSTEM SITE REVIEW APPLICATION

Property Address: _____ in _____ township

Person/Firm Making Request: _____

Owner Mailing Address _____ City, State, Zip _____

Phone _____ Email _____

Builder/Excavator _____

Applicant Signature _____ Date _____

PERMIT WILL BE ISSUED FOR: New Existing

TO BE COMPLETED BY THE HEALTH DEPARTMENT:

The following items must be submitted, reviewed, and approved by this office to obtain a sewage system installation permit. NOTE: The area designated for sewage system installation must be protected from construction traffic, storage of materials, encroachment of any kind, or other potential damage.

Initials Date

		The site area has been inspected and approved.
		Design plan of STS and/or incremental replacement plan has been submitted and approved.
		Vinton County Plat Map of site has been submitted/deed & property description if required.
		Area staked and roped off for sewage system installation.
		A certified copy of the legally recorded easement is submitted, if required.
		A variance from Board of Health is approved, if required.
		NPDES permit submitted, if required. Permit Number: _____
		Soil evaluation has been received.
		System reviewed with home owner.

NEW REPLACEMENT ALTERATION NPDES

Comments/Limitations: _____

Approved by: _____

Date: _____

Date Expires: _____

Is the property in the 100 year floodplain or a floodway?	Yes:	No:
Has the property been stripped of surfaced mined?	Yes:	No:
Will there be a basement w/ bath or laundry?	Yes:	No:
Number of bedrooms and Acres	Bedrooms:	Acres:

LHD Use: Fee: \$100
Date: _____
Receipt: _____
Initials: _____