



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, and Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Builder/Excavator \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

- The site must be inspected and approved.
- Design plan of STS and/or incremental replacement plan must be submitted and approved.
- Vinton County Plat Map of site must be submitted/deed & property description if required.
- Area staked and roped off for sewage system installation.
- A certified copy of the legally recorded easement, if required.
- A variance from Board of Health, if required.
- NPDES permit, if required.
- Soil evaluation has been received.

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: \$115  
Date: \_\_\_\_\_  
Receipt: \_\_\_\_\_  
Initials: \_\_\_\_\_