



# SANDUSKY COUNTY PUBLIC HEALTH



## 2025 APPLICATION FOR HOUSEHOLD SEWAGE TREATMENT SYSTEM

\_\_\_ O/M 1 Year Operational \$50.00 \_\_\_ Site/Soil Evaluation \$325.00 \_\_\_ Design Review \$325.00

\_\_\_ Alteration \$360.00 \_\_\_ Permit to Install \$699.00 \_\_\_ Tank Abandonment \$325.00

FEES MAY CHANGE SUBJECT TO ANNUAL REVIEW

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email(s) \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### **SITE LOCATION**

Road \_\_\_\_\_ House# \_\_\_\_\_ City \_\_\_\_\_

Parcel# \_\_\_\_\_ Size (acres) \_\_\_\_\_ Township \_\_\_\_\_

#Bedrooms \_\_\_\_\_ Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Triplex \_\_\_\_\_

Directions from nearest intersection or roadway \_\_\_\_\_

Soil Evaluator \_\_\_\_\_ \*Health Department must be present during soil evaluation\*

Site Designer \_\_\_\_\_ Installer \_\_\_\_\_

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### **OFFICE USE ONLY**

Permit# \_\_\_\_\_

Receipt# \_\_\_\_\_ Date \_\_\_\_\_

Receipt# \_\_\_\_\_ Date \_\_\_\_\_

Receipt# \_\_\_\_\_ Date \_\_\_\_\_

Receipt# \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ New \_\_\_ Alteration \_\_\_ Replacement \_\_\_ Public Water \_\_\_ Private Water

\_\_\_ VSD \_\_\_ System Type \_\_\_ System Flow \_\_\_ Soil Credit \_\_\_ System Description

Sanitarian \_\_\_\_\_ Approved \_\_\_\_\_

\_\_\_ Variance Required \_\_\_ O/M Issued \_\_\_ Conditional \_\_\_\_\_

If variance, date approved \_\_\_\_\_ Disapproved \_\_\_\_\_