



**SEWAGE SYSTEM SITE REVIEW REQUIREMENTS
FOR PERMIT APPROVAL
\$100 APPLICATION FEE**

PROPERTY ADDRESS: _____ TOWNSHIP: _____

Structure Information: # Bedrooms: _____ or # Employees and Type of Business: _____

Acres/Lot size: _____ **CIRCLE:** Well or City Water **Vacant Land:** YES / NO

PLEASE ATTACH A COPY OF SOIL ANALYSIS or NPDES PERMIT WITH THIS APPLICATION

Property Owner MAILING ADDRESS or Owner Designee Information:

Owner _____ Address _____

Home Phone _____ Cell Phone _____ Email _____

Applicant _____ Address _____

Business Phone _____ Cell Phone _____ Fax _____ Email _____

Why Requesting Site Evaluation: _____

APPLICATION FOR: **0 New Installation** **0 Replacement** **0 Alteration**

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/alteration permit. Only a registered sewage system installer or a property owner who has taken and passed the sewage system installer's test can obtain a sewage system installation/alteration 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. Stake or flag both primary and replacement septic area.

Initials	Date	Rec #		FEE DUE
			Complete site application/Re-evaluation or re-flagging(SG09,SG32)	\$100/\$50
			Site Evaluation completed and approved. Stake Area.	
			Final design submitted with soil analysis/Re-evaluation/Conceptual (SG14/SG31/Lot Split SG03)	\$125/\$50
			Final design plan approved	
			Septic Installation Permit applied/ Alteration SG01/SG06	P-\$450 A-\$250
			Septic Installation Permit Issued- PERMIT #	

0 LEACH 0 PRETREATMENT LEACH 0 MOUND 0 SMALL FLOW 0 NPDES 0 SPRAY 0 Amish

Comments/Limitations of Site:

The above information has been approved. Building Permits may now be issued.

Sanitarian Name: _____
REVISED 1/3/2022

Date: _____