



**Public Health**  
Prevent. Promote. Protect.

**JEFFERSON COUNTY**

[www.jchealth.com](http://www.jchealth.com)

**GENERAL HEALTH DISTRICT**

500 Market Street, 6<sup>th</sup> Fl., Steubenville OH 43952

Phone: 740.283.8530 Fax: 740.283.8536

**APPLICATION FOR SITE REVIEW HOUSEHOLD SEWAGE TREATMENT SYSTEM**

PROPERTY OWNER: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARCEL LOCATION: \_\_\_\_\_ PARCEL ID #: \_\_\_\_\_

STREET ADDRESS OR LOT NUMBER: \_\_\_\_\_

TOWNSHIP, VILLAGE, OR CITY: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

LOT SIZE FRONTAGE: \_\_\_\_\_ LOT SIZE BACKLINE: \_\_\_\_\_

SIDE: \_\_\_\_\_ SIDE: \_\_\_\_\_ TOTAL ACERAGE: \_\_\_\_\_

PRIMARY RESIDENCE: \_\_\_\_\_ SECONDARY RENTAL UNIT: \_\_\_\_\_

SINGLE FAMILY HOUSE: \_\_\_\_\_ DUPLEX: \_\_\_\_\_ TRIPLEX: \_\_\_\_\_

TOTAL NUMBER OF BEDROOMS: \_\_\_\_\_ WATER SUPPLY: PUBLIC: \_\_\_\_\_ PRIVATE: \_\_\_\_\_

**SITE EVALUATION REGISTRATION FORM**

**I GRANT THIS BUSINESS PERMISSION TO BE A SITE EVALUATOR:** request a site review of the above for proposed installation of a household sewage treatment system. I certify that the information provided is correct and I understand that this is not a permit to install. Site review expires one year from the date of approval.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

DATE OF APPROVAL: \_\_\_\_\_

SANITARIAN: \_\_\_\_\_

APPLICATION FEE PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_