

HOME SEWAGE TREATMENT SYSTEM APPLICATION
MORGAN COUNTY HEALTH DEPARTMENT
4275 N. St. Rt. 376 NW, McConnelsville, OH 43756
PHONE: 962-4572

Soil Survey _____

Design Submitted _____

Development Permit _____

18 Month Inspection _____

County Permit Number _____

New (\$350.00) Alteration Fee Paid

Name: _____ Phone: _____

Mailing Address: _____ City & Zip: _____

House Manufactured Home Other _____ Number of Bedrooms _____

Hot Tub Dishwasher Water Softener Other Water Devices _____

Property Address: _____

Complete Directions: _____

Size of Lot or Acreage: _____ Township: _____

Water Supply: Well Cistern Spring City _____

All inspections resulting from this application are for workmanship and materials **ONLY!** Approval does not constitute an assurance that this system will operate in compliance with **ALL** applicable Ohio or County Laws and Regulations. Additions to the system may be required if this sewage system proves inadequate or cannot meet applicable standards at the time of the 12-18 month inspection.

* This system may be subject to a periodic inspection or a service agreement and a service fee may be charged for these inspections.

**** A soil survey, plat map, building permit and design MUST be submitted before the septic permit will be issued.**

*****ALL FEES ARE NON-REFUNDABLE AFTER THE PERMIT HAS BEEN ISSUED.**

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Applicant

Date

Office Comments/Notes: