

**COSHOCTON COUNTY
GENERAL HEALTH DISTRICT**

724 South Seventh Street
Coshocton, Ohio 43812
Ph. 740 622-1426 Fax 740 295-7576
e-mail coshcohd@odh.ohio.gov

SITE REVIEW APPLICATION

For a planned
Sewage Treatment System
(\$100.00)

Owner/Applicant _____ Phone _____

Current mailing address: _____

Property location: _____

_____ Township _____

The following information must be submitted before the Site Review Application will be processed:

_____ Completed site and soil evaluation (ODH Site and Soil Evaluation form)

_____ Completed design plan or layout plan (two copies)

I hereby apply for a Sewage Treatment System Site Review. I agree to comply with all rules and regulations of the Coshocton County General Health District and of the Ohio Department of Health governing the permitting and installation of Sewage Treatment Systems. I also understand that the submission of this application grants the right of any agent of the Coshocton County General Health District to enter upon the premises of the Sewage Treatment System at any reasonable time prior to, during, or after completion of the work to determine compliance with all applicable regulations.

Date _____ Applicant _____

For office use:

Receipt # _____ Application # _____

Site and soil evaluation reviewed _____ Date _____

Design plan or layout plan reviewed _____ Date _____