

PUBLIC HEALTH

11660 Upper Gilchrist Rd., Mount Vernon, OH 43050
740-392-2200 ■ knoxhealth.com

Site #: _____

Date: _____

Time: _____

Site Evaluation for a Sewage Treatment System

Not a Permit

Fee: \$285

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

*No septic work can be done until a **separate sewage installation permit** is purchased **and** issued by KPH.*
Any changes must be brought to the attention of KPH or this site may be voided per **OAC 3701-29-09**.

Registered Installer: _____

Site Address: _____

Parcel # (optional): _____ Township : _____

Check all that apply:

- **Residential:** New Construction _____ Existing System _____ Tank Replacement _____
 - Number of Bedrooms 1 2 3 4 More: _____
- **Nonresidential Structure:** _____ (ex. Cabin / garage or barn w/ restroom)
 - Structure : _____
- **Commercial / Business:** _____ Number of Employees _____
 - Type of Business _____

- **Water Supply:** Well _____ Spring _____ Bulk Water _____ Other: _____
 - Public Water _____ - Supplier: _____

*Applicant Signature: _____ *Date: _____

KPH Water/Sewer Division number: (740)392-2200 ext. 2009

Office Use Only:

Date Received: _____ Fee Paid: _____ Receipt # _____

The following sewage treatment system is approved for installation at this time:

System Type: New _____ Existing _____ (No Site Charge) Tank Replacement _____
Primary Treatment: Septic Tank _____ Aerator _____ Privy _____ Other: _____
Secondary Treatment: Leach Field _____ Mound _____ Spray _____ Other: _____
System Designer: KPH _____ Designer: _____
Design attached: Y N **Worksheet Attached:** Y N

Comments:

Issue Date: _____

REHS/EHSIT: _____

Will Expire **5 years** from this date.

Rev. 01/2024