



Appt. _____
Time _____

11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200
Fax 740-392-9613

SITE EVALUATION FOR A SEWAGE TREATMENT SYSTEM

Fee: \$285

Name _____ Phone _____

Mailing Address _____

Property Address _____ Twp/Village _____
House # _____ Street/Road _____

Registered Installer _____

I request an evaluation of the above property for proposed installation of a sewage treatment system. I certify the information provided below is correct and I understand that this evaluation is not a permit to install. **I will not begin construction before a permit to discharge sanitary wastes and/or to install a sewage treatment system is issued.**

Date _____ Applicant Signature _____

Lot Size _____ Acres _____ Public Water Private Water Well

Use: Residential Single Family # BR _____ Multi-Family # Units _____

Site Plan

Office Use Only

Soil Description

.....
Date Rec'd. _____ Fee Pd. \$ _____ Receipt# _____ Registered Installer _____
(if known)

This site is: Approved Not Approved for a Sewage Treatment System

The following sewage systems are approved for installation at this time:

PRIMARY TREATMENT

- Septic Tank _____ gal.
_____ gal.
- Privy
- Other _____

SECONDARY TREATMENT

- Leach Field _____
- Mound _____
- Drip _____

EFFLUENT TO

- Soil absorption

COMMENTS:

Date issued _____

Sanitarian _____