



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

Sewage Treatment System Site Review Application

Site #: _____

Date: _____

Time: _____

NOT A PERMIT

Fee: \$299

Owner Name: _____ Phone: _____

Current Mailing Address: _____

Email: _____

Registered Sewager Installer: _____ TBD []

Site Address: _____

Parcel / Lot # (optional): _____ Township : _____

***Would the owner / applicant like to meet KPH on site? [] Yes [] No**

Check all that apply:

- **Residential:** New Construction [] Replacement 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 _____

- Will the house / building be staked: [] Yes [] No
- Is the building site clear of brush / trees: [] Yes [] No

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

- **Utilities:** Electric [] Natural Gas [] Propane [] Geothermal: Open [] / Closed Loop []
 - Other: _____

*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**.

Applicant Signature: _____ **Date:** _____

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

Office Use Only:

Fee Paid: [] YES [] No Charge **Date Received:** _____ **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 []

Issue Date: _____

REHS/EHSIT: _____

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