# Noble County Health Department (NCHD) Sewage Treatment Systems Program:

## Site and Design Review Application

**THIS IS NOT A PERMIT**

| Applying for: | | | | | | |
|---|---|---|---|---|---|---|
| **Building:** | ☐ Residential | ☐ Public/Commercial | **Permit Type:** | ☐ New | ☐ Replacement | ☐ Alteration |
| **Site Evaluation Fee - $170** | | | | | | |
| **Date Paid:** | **Check Number:** | | **Receipt Number:** | | | |

| Applicant Information: | |
|---|---|
| **Site Address:** | |
| **Parcel Number:** | **Township:** |
| **Subdivision:** | **Lot Number:** |
| **Owner:** | **Phone:** |
| **Applicant:** | **Phone:** |
| **Mailing Address:** | |
| **Email Address:** | |

| Site Information: | | | | |
|---|---|---|---|---|
| **Acres:** | **New Construction:** ☐ Yes ☐ No | **Structure(s) Staked:** ☐ Yes ☐ No | **Lot Staked:** ☐ Yes ☐ No | **Lot Cleared:** ☐ Yes ☐ No |
| **If No, when will it be cleared?** | | **Number of Bedrooms:** | **Additional Buildings on Site:** ☐ Yes ☐ No | |
| **If Yes, is there indoor plumbing for additional building:** ☐ Yes ☐ No | | | **Plumbing in the Basement:** ☐ Yes ☐ No | |

| Contractor Information (Please provide as much information as possible): | |
|---|---|
| **Soil Scientist:** | **Phone:** |
| **System Designer:** | **Phone:** |
| **Installer:** | **Phone:** |

I agree to construct, install, and operate the household sewage treatment system in accordance with Chapter 3701-29 of the Administrative Code, and with the specification indicated on the approved design and permit. I further agree that I will call the Health Department for final inspection of the installation 24 Hours prior to its being covered with earth.

I acknowledge the permit will expire one year from the date of issuance or upon completion of the installation of the household sewage treatment system, whichever comes first.

I acknowledge that no household sewage treatment system or part thereof shall be covered or put into operation until the system has been inspected and approved.

I acknowledge that no household sewage treatment system can be guaranteed because of soil characteristics. Only workmanship is considered at the time of inspection. The Health Department assumes no responsibility for the efficient functioning of any private sewage system. Proper maintenance is essential.

Please be advised that an approved site review is valid for 5 years from the date of approval and an issued permit to install is valid for 1 year.

**Applicant Signature:** _____ **Date:** _____

## Have Questions? Contact us!


NobleSTS@odh.ohio.gov
**Phone Number:** 614-619-6798


NOBLE COUNTY HEALTH DEPARTMENT

Ohio Department of Health