



SANDUSKY COUNTY PUBLIC HEALTH



2026 SITE REVIEW APPLICATION FOR A HOUSEHOLD SEWAGE TREATMENT SYSTEM

Site Review Fee: \$950.00

Checks can be made out to SCPH

This application must include (1) A **Soil Evaluation** per OAC 3701-29-07 (unless waived by Board of Health and (2) A **Sewage Treatment System Design** per OAC 3701-29-10

Owner Name:			
Mailing Address:			
City:		State:	Zip:
Phone #:		Email Address:	
Applicant Name (if different from above):			
Mailing Address:			
City:		State:	Zip:
Phone #:		Email Address:	

SITE INFORMATION

Address:	
City:	Township:
Parcel #:	Lot Size (acres):
Location Description (e.g. parcel west of x):	
Type of Sewage Treatment System: <input type="checkbox"/> New HSTS <input type="checkbox"/> Replacement HSTS <input type="checkbox"/> Alteration HSTS	
Sewage Treatment System Will Serve: <input type="checkbox"/> Single family <input type="checkbox"/> Duplex/Triplex	# Bedrooms:
Soil Evaluator:	STS Designer:

If the site review is approved, it will be valid for five (5) years after the approval date provided that there are no changes to the site conditions, and/or STS design, and/or the sewage source. Applying for a site review is not a guarantee that the proposed installation, replacement, or alteration can be approved. Our site evaluation is limited to our resources, documents submitted, and to those items that can be observed under the prevailing weather and surface conditions on that date of the inspection and not by factors that cannot be observed upon inspection. The site review fee is non-refundable. By signing this application, you are acknowledging this information.

Signature of Owner/Designated Agent

Relationship to owner

Date

Office Use Only Date Received: _____ Receipt #: _____

Assigned REHS/EHSIT: _____ Abandonment Permit Required? Y / N