

Knox Public Health

Protect • Promote • Prevent

Appt. _____
Time _____

11660 Upper Gilchrist Road
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 Number of bedrooms _____ Multi Family # Units _____

Site Plan

OFFICE USE ONLY

Soil Description

Date Rec'd: _____ Fee paid: _____ Receipt # _____

This site is: Approved Not approved for a sewage treatment system.

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

PRIMARY TREATMENT	SECONDARY TREATMENT	EFFLUENT TO
<input type="checkbox"/> Septic Tank _____ gallon _____ gallon	<input type="checkbox"/> Leach Field _____ <input type="checkbox"/> Mound _____ <input type="checkbox"/> Drip _____	<input type="checkbox"/> Soil Absorption
<input type="checkbox"/> Privy		
<input type="checkbox"/> Other _____		

Comments:

Date issued _____

Sanitarian _____