

**Clark County Combined Health District (CCCHD)**  
**Division of Environmental Health**  
**529 E. Home Road**  
**Springfield, Ohio 45503**  
**Phone: 937-390-5600**

**Application for Site Review**  
**\*Application must be accompanied by**  
**three (3) copies of the STS/GWRS design.**

**Application Fee \$160.00      Receipt #: \_\_\_\_\_**

Address of site:		
City:	State: <b>OHIO</b>	Zip Code:

<b>Applicant Contact Information:</b>			
Name			
Address	City	State	Zip
Contact Number:	Email address:		

<b>Owner Information if Different from Applicant:</b>			
Name			
Address	City	State	Zip
Contact number:	Email address:		

**By signing this permit, you agree to abide by any and all state laws and regulations and by regulations set forth by the Clark County Combined Health District.**

Applicant Signature:	Date:
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**For Health District Use Only**

Application Approved:  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Signature:	Date:
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Below is a checklist to assist you in ensuring that your application is complete. Submission of incomplete applications may result in delays to your site review. For more information, refer to our document titled "Guidance for Sewage Treatment Design and the Site Review Process".

- \_\_\_\_\_ Have you attached a complete soil evaluation performed by a qualified soil scientist?
- \_\_\_\_\_ Have you attached three copies of your complete STS/GWRS design including all of the required elements specified in the guidance document?
- \_\_\_\_\_ Has the designer completed the marking required in the guidance document and and is the marking still present and complete?

**Please allow up to 7 working days for this Site Review process.  
The applicant and or owner will be notified  
once the process is complete.**