



TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Public Health
Prevent Promote Protect
Tuscarawas County Health Department

Application for Sewage Treatment System Site Review

Application Fee: \$200.00

_____ New Installation
_____ Alteration

Current Contact Information

Name _____ Phone _____
Address _____
City _____ State _____

Property Location Information

Tax Parcel ID _____

Address _____ Road _____ City _____ Township _____

Directions _____

Signature (Owner, Agent) _____

Address _____

(office use only below this line)

Materials Required for Review

_____ Soil Evaluation
By: _____

_____ Scale Design Plan
By: _____

Site Review Results

_____ Suitable
_____ Not Suitable
_____ Incomplete

Comments

Sanitarian _____

Date _____

897 East Iron Avenue
Dover, Ohio 44622

PHONE (330) 343-5555
FAX (330) 343-1601
EMAIL tuscco@doh.ohio.gov
WEB SITE www.tchdnow.org