	Cambridge Guernsey County Health Department 326 Highland Ave. Cambridge, OH 43725 740-439-3577 740-432-7463
Public Health Prevent. Promote. Protect. Cambridge-Guernsey County	www.guernseycountyhealthdepartment.org
SITE REVIEW APPLICATION **THIS IS NOT A PERMIT** APPLICANT INFORMATION: Site Address:	Applying for: Building: Permit type: [] Residential [] New [] Public/Commercial [] Replacement [] Alteration Site Eval Fee: \$100.00 Date Paid: Receipt No:
Parcel #: Township:	
Subdivision: Lot #	
Owner:	Phone:
Applicant:	Phone:
Mailing Address:	
E-Mail 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 Basement [] Yes [] No Have you a	pplied for plumbing permit: [] Yes [] No [] N/A
CONTRACTOR INFORMATION: (Please provide as much infor	mation as possible):
Soil Scientist:	Phone:
System Designer:	Phone:
Installer:	

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 issued by the Cambridge-Guernsey County Health Department. I further agree that I will call the Cambridge-Guernsey County 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 by the Cambridge-Guernsey County Health Department 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 by the Cambridge-Guernsey County Health Department.

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 Cambridge Guernsey County 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 1 years from the date of approval or disapproval and an issued permit is valid for 1 year.

APPLICANT SIGNATURE: ______

____ DATE: _____

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Page 2 of 2 CAMBRIDGE-GUERNSEY COUNTY HEALTH DEPARTMENT **APPLICATION FOR SITE REVIEW**

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SEWAGE DISPOSAL

SITE INSPECTION

Check List

***FOR CGCHD STAFF USE ONLY

ADDRESS: _____

PLEASE INDICATE SCALE AND/OR DISTANCE.

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