



Monroe County Health Department

118 Home Avenue
Woodsfield, OH 43793
Phone: 740.472.1677
Fax: 740.472.2508

www.monroecountyohio.com/departments/health_department/

SEPTIC ALTERATION PERMIT APPLICATION

Fee: \$160.00

**** Application For: Alteration of a Sewage Treatment System ****

Property Owner's Name: _____

Phone Number: _____ E-mail: _____

Township: _____ Lot Size: _____ Number of Bedrooms: _____

Current Mailing Address: _____

Property Address: _____

Sewage Treatment System Installer: _____

Printed Name: _____ Date: _____

Applicant's Signature: _____ Date: _____

**** Do Not Write Below This Line—Office Use Only ****

Septic Tank: Yes|No **Size:** _____ **Aeration Tank:** Yes|No **NPDES:** Yes|No **Effluent Pump:** Yes|No

Leachfield Description: _____

Total Square Footage: _____ **Trench Depth:** _____ **Soil Depth Credit:** Yes|No

Type of System: Residential|Small Flows|GWRS **Other Components:** _____

Additional Comments: _____

Date Application Received: _____

Receipt Number: _____

Amount Paid: _____

Cash: _____ Check Number: _____

Reviewed By: _____

Date: _____